MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

151

File No.

Registered No. 8

1. PLACE OF DEATH

County Boone Registration District No. 73

Township Columbia Primary Registration District No. 3006

City Columbia (No. St. Ward)

2. FULL NAME Miss Kellam Lorie Adams

(a) Residence, No. 1317 Wilson ave St., Ward.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 19 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	67	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butts County Ky

FATHER

13. NAME Hiram Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butts County Ky

MOTHER

15. MAIDEN NAME Elizabeth Markland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butts County Ky

17. INFORMANT (ADDRESS) Johnnie M. Adams Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bunceton Mo DATE 1/8 1934

19. UNDERTAKER (ADDRESS) Thos. McFarland Columbia Mo.

20. FILED 1/8/ 1934 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1933, to Jan 7 1934

I last saw h[illegible] alive on Jan 7 1934. Death is said to have occurred on the date stated above, at 5.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis,	
Arteriosclerosis	1928
Nephritis	1929
	1933

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A W Koontz M.D.

(Address) Columbia Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 1934