

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

Do not use this space.

1683

FEB 27 1934

1. PLACE OF DEATH
 County Johnson Registration District No. 431
 Township _____ Primary Registration District No. 3023
 City Warrensburg (No. _____) St. _____ (Ward) _____

2. FULL NAME Robert Ward Adams
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 4 yrs. 4 mos. ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 6 11

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

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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1933, to Jan 5, 1934
 I last saw him alive on Jan 2, 1934. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

clothing caught fire while burning brush in back yard. Both legs & part of body burned
 181

Date of onset _____

Other contributory causes of importance:

Burns
181
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Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (accident), 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 blot burning back
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) L. S. Schofield, M. D.
 (Address) Warrensburg, Mo.

MOTHER FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) J. A. Adams
 13. NAME J. A. Adams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 15. MAIDEN NAME Essie Clark
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 17. INFORMANT Mrs Robert Adams
 (ADDRESS) Warrensburg, Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Descent Hill DATE Jan 8 1934
 19. UNDERTAKER Jewell Phillips
 (ADDRESS) Warrensburg, Mo.
 20. FILED Jan 6 1934 W. R. Gillespie
 Registrar.

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