

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.

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

Do not use this space.

5535

1. PLACE OF DEATH

County Lafayette
Township Odesia
City Odesia (No. 170)

Registration District No. 464
Primary Registration District No. 4277

File No. 16
Registered No. 29
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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 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 Nancy Westerson Adams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 18, 1862
7. AGE YEARS 71 MONTHS 6 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME Eli Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Jane Powell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT H. S. Adams (ADDRESS) Odesia

18. BURIAL, CREMATION, OR REMOVAL PLACE Campbell Cem DATE Feb. 11

19. UNDERTAKER L. C. Hysman (ADDRESS) Odesia

20. FILED 2/10/1934 R. C. Schooley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 9th, 1934, to Feb 10th, 1934
I last saw him alive on Feb 10th, 1934. Death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:

Sancer of the right jaw.
Cause of death was pneumonia

Other contributory causes of importance: 52

Name of operation none Date of _____
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) E. P. Bean R. C. DO
(Address) Odesia Mo.

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THE UNIVERSITY OF CHICAGO

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