

MAR 24 1934

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

Do not use this space.

6118

1. PLACE OF DEATH

County Polaski
Township Piney
City Bloodland, Mo. (No. St. Ward)

Registration District No. 714
Primary Registration District No. 5943

File No.
Registered No. 5

2. FULL NAME THOMAS LUTHER ADAMS

(a) Residence, No. 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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWER

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8th 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 7 9

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENN.

13. NAME WILLIAM SPENCER ADAMS

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

15. MAIDEN NAME MARTHA ANN PHILLIPS

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

17. INFORMANT Mrs. R. A. Bell
(ADDRESS) WAYNESVILLE - Mo.

18. BURIAL, CREMATION, OR REMOVAL Mo
PLACE HAZLEGREEN DATE FEB 18 1934

19. UNDERTAKER J. L. Hoops & Sons
(ADDRESS) Crocker Mo.

20. FILED 8-10-1934 S. G. Koonce
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1934, to Feb. 27, 1934
I last saw him alive on Feb. 17, 1934. Death is said to have occurred on the date stated above, at 11:25 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
10:00
108
Other contributory causes of importance Pneumonia, etc.
Date of onset Feb 15, 1934

Name of operation None Date of
What test confirmed diagnosis? a 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 0, 19.....
Where did injury occur? 0 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?
If so, specify C. Mally, M. D.
(Signed) Crocker Mo.
(Address) Crocker Mo.

