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

Do not use this space.

11535

File No.

Registered No.

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.

APR 25 1934

1. PLACE OF DEATH
County Schuyler Registration District No. 804
Township Middletown Twp Primary Registration District No. (0047)
City (No. ..... St. ..... Ward)

2. FULL NAME Wm L. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 12 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	48	2	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Schuyler Co
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Tom D. Adams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.
12. MAIDEN NAME OF MOTHER Samantha Smoot
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland Co Mo

14. INFORMANT Pearl Moore
(Address) Downing Mo

15. FILED 4-2 1934 J. F. Bridges REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 2 1934

17. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1934, to March 2, 1934, that I last saw him alive on March 2, 1934 and that death occurred, on the date stated above, at 12 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Double Lobar Pneumonia

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Heart Failure

(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. E. Terwey M. D.

, 19 (Address) Downing Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Downing — DATE OF BURIAL March 4 1934

20. UNDERTAKER Gerth & Baskett — ADDRESS Memphis Mo