

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

Do not use this space.

16373

1. PLACE OF DEATH

County Greene
Township Springfield Mo.
City Springfield Mo.

Registration District No. 318
Primary Registration District No. 2001
No. 913 E. Dale

File No. _____
Registered No. 184
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 913 E. Dale
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Margaret Adams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 8 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
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) Taylorville (STATE OR COUNTRY) Illinois

13. NAME David Adams 8

14. BIRTHPLACE (CITY OR TOWN) Seaford (STATE OR COUNTRY) Maryland

15. MAIDEN NAME Percilla Cannon

16. BIRTHPLACE (CITY OR TOWN) Seaford (STATE OR COUNTRY) Maryland

17. INFORMANT Wm. W. Edwards (ADDRESS) 913 East Dale

18. BURIAL, CREMATION, OR REMOVAL PLACE East lawn DATE May 7 1934

19. UNDERTAKER Fred C. Phipps (ADDRESS) Springfield, Mo.

20. FILED 5/30 1934 Ralph W. Hampton Registrar

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 3rd 1934 to May 6 1934

I last saw him alive on May 5 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:

Generalized meningitis
suppurative
of the middle
ear
115A
89A
115A

Other contributory causes of importance: Acute Pharyngitis 115A

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

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) C. E. Feller _____ M. D.

(Address) Springfield Mo

JUN 21 1934
N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 26 1967