

JUN 23 1934

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

Do not use this space.

17247

1. PLACE OF DEATH

County Bolede

Registration District No. 449

Township Libanon

Primary Registration District No. 4267

City Libanon

St. Mo. Ward

2. FULL NAME

(a) Residence, No. James Ambrose Adams 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. (If nonresident, give city or town and State)

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 Mrs. Mary Drenth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28-1876

7. AGE YEARS 57 MONTHS 7 DAYS 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
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) Mo.

13. NAME Charles Adams

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

15. MAIDEN NAME Mary Drenth

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

17. INFORMANT (ADDRESS) Mrs. Mary Drenth Libanon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Libanon DATE 5-22-34

19. UNDERTAKER (ADDRESS) Libanon

20. FILED 5/19 1934 J. A. McCauley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934 to May 8, 1934
I last saw him alive on May 18, 1934. Death is said to have occurred on the date stated above, at 2:15 P.M.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 1932
23 P.

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Sputum Was there an autopsy? no

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? no
If so, specify

(Signed) J. A. Hamilton, M. D.
(Address) Libanon, Mo.

