

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

Do not use this space.

1. PLACE OF DEATH

County Andrew
Township Jefferson
City Mexico Mo (No. _____)

Registration District No. 26
Primary Registration District No. 3002

File No. 19374
Registered No. 69
St. _____ Ward _____

2. FULL NAME George Y. Adams

(a) Residence, No. 4255 Jefferson 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary C. Kincaid</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 15 - 1946</u>		
7. AGE <u>87</u>	YEARS <u>8</u>	MONTHS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Merchant</u>		11. Total time (years) spent in this occupation
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)		

12. BIRTHPLACE (CITY OR TOWN) Andrew, Mo.
(STATE OR COUNTRY)

13. NAME Cornelius E. Adams

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

15. MAIDEN NAME Catherine Campbell

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

17. INFORMANT (ADDRESS) W. A. Decker, Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE June 8, 1934

19. UNDERTAKER (ADDRESS) H. A. Prall, 808 N. 1st, Mexico, Mo.

20. FILED 6/8/1934 Blanche Keely
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 - 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to June 2, 1934

I last saw him alive on June 2, 1934. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Senility
99A
93C
95B
95C
Other contributory causes of importance:
organic heart

Name of operation None Date of _____

What test confirmed diagnosis? None 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 None, 1934

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 _____

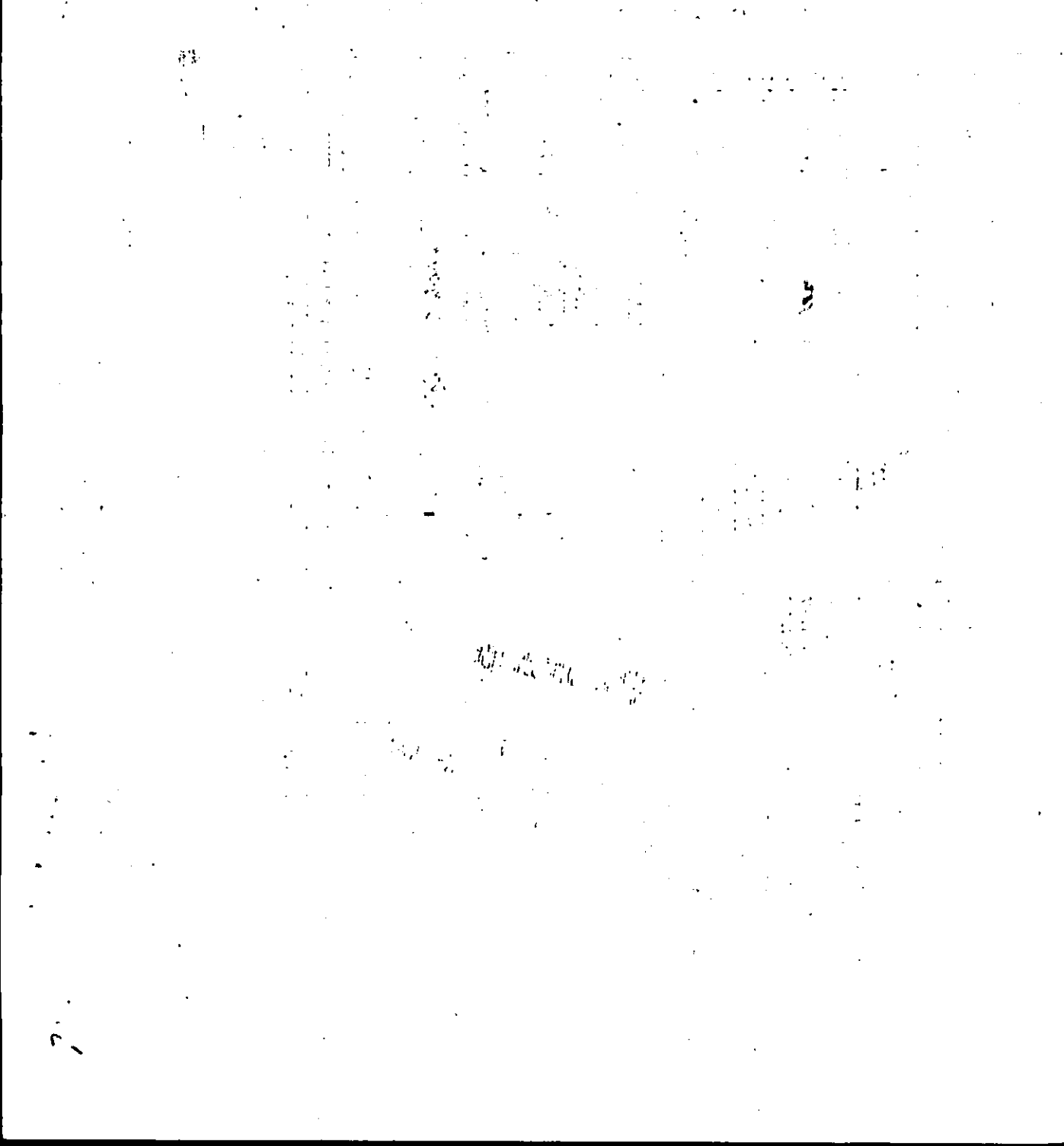
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) G. Y. Adams, M. D.

(Address) Mexico, Mo



DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

1937

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: George W. Adams
 Who died at _____ on June 2 - 1937
 Residence: No. _____ St. _____
 (If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
 Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 87 Months 8 Days 17

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month Sept Year _____
 Birthplace (State or country) _____
 Birthplace of father (State or country) _____
 Birthplace of mother (State or country) Chronic Endocarditis
 Principal cause of death: Chronic Endocarditis

Other contributory causes of importance 92a
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

(Signature of Registrar) Blanche Neely Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 26

Very truly yours,

E. T. McGaugh M.D.
E. T.

Primary Reg. Dist. No. 3002

Special Agent.