

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.

AUG 16 1934

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

88 County Randolph Registration District No. 733  
 Township Saltspring Primary Registration District No. 5467  
 City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 26032  
 Registered No. \_\_\_\_\_

## 2. FULL NAME

Calvin Kenneth Adams  
 (a) Residence, No. \_\_\_\_\_ 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<br><u>male</u>   | 4. COLOR OR RACE<br><u>Negro</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____                                |                                  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 16, 1934</u>                                     |                                  |  |
| 7. AGE<br>YEARS<br><u>2</u>   | MONTHS<br><u>19</u>              | DAYS<br><u>19</u>  |
| 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. _____          |                                  |  |
| 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) <u>Randolph Co</u>                               |                                  |  |
| 13. NAME <u>Harry Graves</u>  |                                  |  |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Randolph Co</u>                               |                                  |  |
| 15. MAIDEN NAME <u>Helen Adams</u>  |                                  |  |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Helffsville</u>                               |                                  |  |
| 17. INFORMANT <u>Mrs. Elsie Wayland</u><br>(ADDRESS) <u>Huntsville, Mo.</u>                       |                                  |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Huntsville</u> DATE <u>July 6, 1934</u>             |                                  |  |
| 19. UNDERTAKER <u>Tom B. Patton</u><br>(ADDRESS) <u>Huntsville, Mo.</u>                           |                                  |  |
| 20. FILED <u>July 7, 1934</u> <u>N. A. Decker</u><br>Registrar                                    |                                  |  |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1934  
 22. I HEREBY CERTIFY, That I attended deceased from April 18, 1934, to June 30, 1934  
 I last saw him alive on June 30, 1934 Death is said to have occurred on the date stated above, at 5:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Acute Bacterial - Enteric Intoxication

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? Yes  
 If so, specify \_\_\_\_\_

(Signed) D. H. Johnston, D.O.(Address) Huntsville, Mo.

