

SEP 18 1934

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

Do not use this space.

1. PLACE OF DEATH

County HowardRegistration District No. 379Township LibertyPrimary Registration District No. 4223City Glasgow (No. _____)

St. _____ Ward _____

2. FULL NAME Edgar 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. 2 mos. _____

How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Negro5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF _____

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

Aug 12 1910

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.24—4

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Student9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.College10. 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)Glasgow Mo

MOTHER FATHER

13. NAME

Sam Adams14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Howard County Mo

15. MAIDEN NAME

Lillie Brown16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Howard County Mo17. INFORMANT
(ADDRESS)Sam Adams
Glasgow Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Glasgow Mo

DATE

Aug 18 193419. UNDERTAKER
(ADDRESS)Whitaker and Sons
Glasgow Mo

20. FILED

9-10

19

34

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Aug 16 1934

22. I HEREBY CERTIFY, That I attended deceased from

5-14, 1934, to Aug 16, 1934I last saw him alive on Aug 16, 1934 Death is saidto have occurred on the date stated above, at 10:30 A.

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

Pulmonary T. B. Date of onset _____

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?

If so, specify _____

(Signed) W. B. Hutchins M. D.(Address) Glasgow, Mo.

