

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.

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

Do not use this space.

MAR 4 1935

4671

1. PLACE OF DEATH

County CedarRegistration District No. 165Township WashingtonPrimary Registration District No. 5234City Stockton (No. 5234)File No. 2-25-1935Registered No. St. Ward

2. FULL NAME

(a) Residence, No. Stockton 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 male 4. COLOR OR RACE white 5. 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) Feb 16 - 19357. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or 15 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) Stockton, Mo. (STATE OR COUNTRY)13. NAME William Roy Adams FATHER14. BIRTHPLACE (CITY OR TOWN) Quinn, Mo. (STATE OR COUNTRY)15. MAIDEN NAME Julia Bough MOTHER16. BIRTHPLACE (CITY OR TOWN) Greenfield, Mo. (STATE OR COUNTRY)17. INFORMANT William Roy Adams (ADDRESS) Stockton, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Pickney House DATE Feb 18 193519. UNDERTAKER Davis Co (ADDRESS) Stockton, Mo.20. FILED 2-25 1935 A. C. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 193522. I HEREBY CERTIFY, That I attended deceased from , 1935, to , 1935.I last saw alive on 2-16, 1935. Death is saidto have occurred on the date stated above, 5 p. m.

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

Foramen Ovale never closed Blue baby Date of onset Other contributory causes of importance:

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 1935.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. Dawson M. D.(Address) El Dorado, Mo.

