

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

Do not use this space.

MAR 25 1935

5065

1. PLACE OF DEATH

County

Green Co

Registration District No.

322

Township

Jackson

Primary Registration District No.

5447A

City

Fair Grove

(No.

St.

Ward

2. FULL NAME

William Adams

(a) Residence, No.

Fair Grove

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

ysr.

mos.

ds.

How long in U. S., if of foreign birth?

ysr.

mos.

ds.

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

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

Jan 19-1873

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

62

0

15

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

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)

Iowa

MOTHER FATHER

13. NAME

Lake Adams

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

Gail Gardner Fair Grove

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Pleasant Ridge

19. UNDERTAKER (ADDRESS)

W. G. Hughes

20. FILED

Feb 6

19

35

Alvan Barnes

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Feb 4

1935

22. I HEREBY CERTIFY, That I attended deceased from

February 3, 1935 to February 4, 1935

I last saw him alive on February 4, 1935 Death is said

to have occurred on the date stated above, at 5 P. M.

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

Broncho Pneumonia

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)

E. M. Bailey

M. D.

(Address)

Elkhart Missouri

