

APR 1 7 1935

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

Do not use this space.

8794

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township Springfield

Primary Registration District No. 2001

City Springfield (No. 432 E Pine)

2. FULL NAME

(a) Residence, No. 432 E. Pine St. Greene Ward. 2

(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

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

28

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

Porter

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)

Missouri

13. NAME

Tommy Adams

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

Missouri

15. MAIDEN NAME

Cora Agnes Bond

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

Missouri

17. INFORMANT (ADDRESS)

Cora Agnes Bond

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hazelwood

DATE Mar 21, 1935

19. UNDERTAKER (ADDRESS)

W. E. Campbell

20. FILED

3-21-1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1935 to March 15, 1935

I last saw him alive on March 14, 1935 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Abcessed Tooth - Septicemia

115 1/2

Other contributory causes of importance:

Abcessed Tooth

Name of operation None 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? No

If so, specify

(Signed) James B. Clark, M. D.

(Address) 601 N. Jefferson

