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

Do not use this space.

11577

APR 26 1935

1. PLACE OF DEATH
County Scott — Registration District No. 821
Township Richland — Primary Registration District No. 4578 — File No.
City Sikeston (No. ..... St. ..... Ward) — Registered No.

2. FULL NAME John Williams Adams

(a) Residence, No. West S. Cedar St., 3rd Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Ella Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-12-1873

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk ~~Baggage~~
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Drug Store
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): Elizabethtown Ind.

FATHER

13. NAME: Harrison Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.

MOTHER

15. MAIDEN NAME: Mary Moffat
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.

17. INFORMANT (ADDRESS): Mrs. Ella Adams Sikeston, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sikeston DATE 3-26 1935

19. UNDERTAKER (ADDRESS): John Gilbritton Sikeston Mo

20. FILED 4/8/35, 19 ..... G. W. H. Oswell M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1934 to March 24, 1935

I last saw him alive on March 24, 1935 Death is said to have occurred on the date stated above, at 7:30 Am.

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

	Date of onset
Pulmonary Tuberculosis	8-6-34

Other contributory causes of importance: None

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

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) G. W. H. Oswell, M. D.
(Address) Sikeston Mo

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.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD