MAY 2 5 1935

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

Do not use this space. X

12571

File No. 931

Registered No.

1. PLACE OF DEATH
County Greene
Township ~~Campbell~~ 2
City Springfield (No. , St. Ward)
Registration District No. 318
Primary Registration District No. 1 5440

2. FULL NAME ADAY, John

(a) Residence, No. St., Ward. White River, Ariz.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 0 mos. 22 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	Indian	single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	41	5	5	

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. farming

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White River, Ariz.

FATHER

13. NAME Sam Aday

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. A.

MOTHER

15. MAIDEN NAME Amy Henry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. A.

17. INFORMANT (ADDRESS) deceased

18. BURIAL, CREMATION, OR REMOVAL
PLACE White River, Ariz. DATE Apr. 22, 1935

19. UNDERTAKER Alma Lohmeyer Funeral Home
(ADDRESS) Springfield, Missouri

20. FILED 4-22, 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1934, to April 20, 1935
I last saw him alive on April 20, 1935. Death is said to have occurred on the date stated above, at 1:06P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of the respiratory system.	
Other contributory causes of importance:	
a. Tbc. of the larynx.	
b. Chronic myocarditis and myocardial degeneration.	
c. Simple goiter.	

Name of operation none Date of
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) L. E. Burney, Asst. Surgeon, M. D.
(Address) Clinical Director, US Medical Cente Springfield, Missouri

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.