

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.

JUN 3 1935

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1. PLACE OF DEATH

County Franklin
Township Franklin
City Richmond (No.)

Registration District No. 712
Primary Registration District No. 4427

File No.
Registered No. 17 St. Ward)

2. FULL NAME

Rufas Adams

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

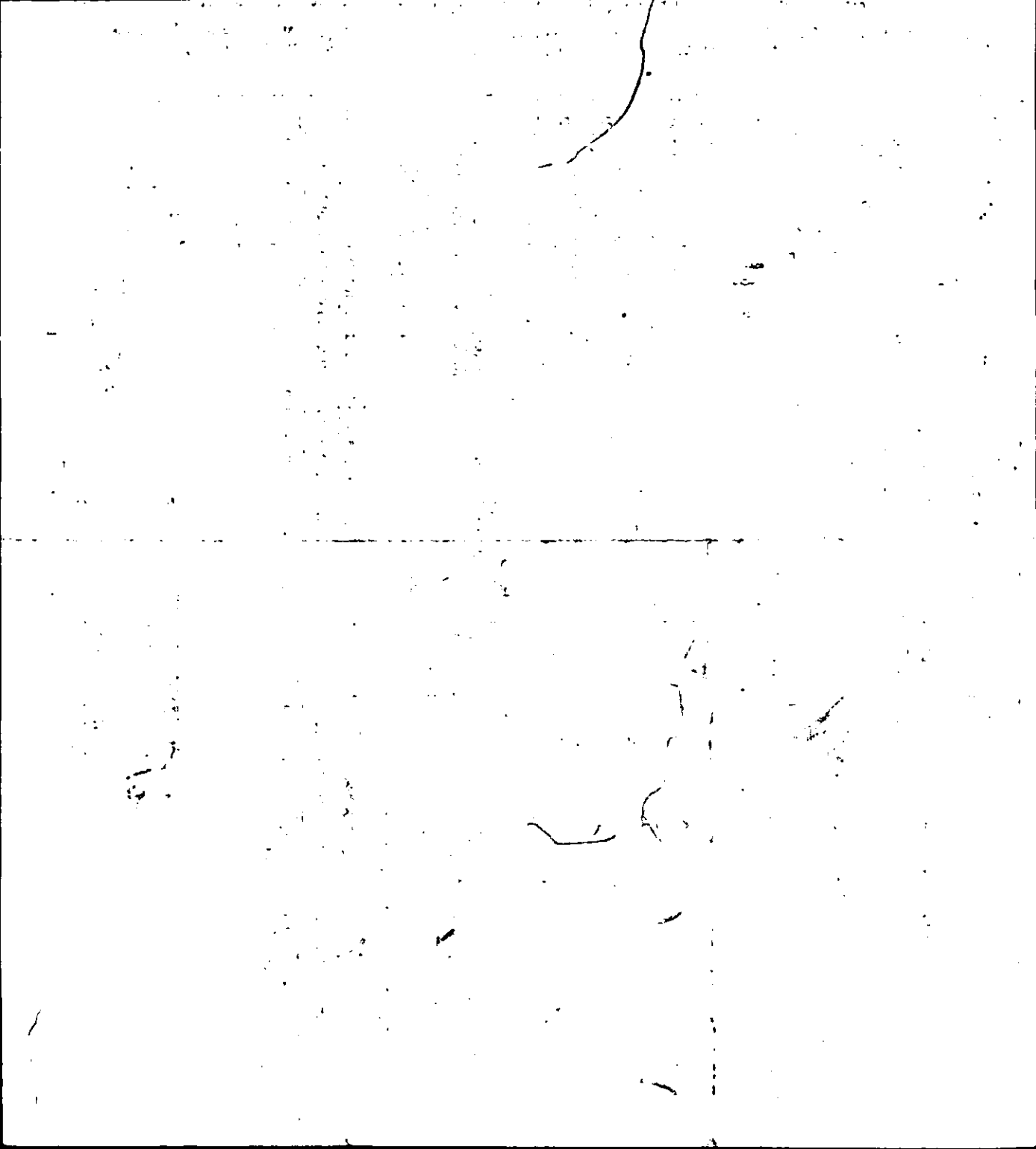
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Agnes Adams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 25-1883</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>10</u>
	DAYS <u>15</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>	
	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) <u>May 1934</u>	
	11. Total time (years) spent in this occupation <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond Mo</u>		
FATHER	13. NAME <u>William Spencer Adams</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Clair Mo</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Ann Phillips</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Mo</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Lena Hubbard Richmond Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Harold Cemetery</u> DATE <u>4/19</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>J. B. S. Hall Richmond Mo</u>		
20. FILED <u>4-8-</u> 19 <u>35</u> <u>Wm. A. Oliver</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>4/8-</u> 19 <u>35</u>
22. I HEREBY CERTIFY That I attended deceased from 19..... to 19..... I last saw him alive on 19 <u>35</u> . Death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows: <u>He the very kind that Rufas Adams came to his death accidentally by being struck by freight train No 8</u> Date of onset <u>4/8/35</u>
Other contributory causes of importance: <u>207</u>
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 <u>Accident</u> Date of injury <u>4/8</u> 19 <u>35</u> Where did injury occur? <u>Richmond Mo</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>On track near freight train</u> Manner of injury <u>Struck by freight train</u> Nature of injury
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify (Signed) <u>Wm. A. Oliver</u> M.D. (Address) <u>Richmond Mo</u>



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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1. PLACE OF DEATH

County PulaskiRegistration District No. 712

Township

Primary Registration District No. 4429

City (No.)

File No.

Registered No. 17

Ward

2. FULL NAME

(a) Residence, No.

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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

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

mwm

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.

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OCCUPATION

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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED 4. 8. 1938West A. Oliver

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) apr 8 1938

22. I HEREBY CERTIFY, That I attended deceased from

, 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Date of onset

a Pedestrian

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)....., M. D.

(Address).....

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JUN 13 1955