

JUN 20 1935

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township athons
City (No.)

Registration District No. 309
Primary Registration District No. 5427

16110
File No.
Registered No. 22
St. Ward

2. FULL NAME

(a) Residence, No. William Travis Adams St. Ward
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Ollie Adams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 1867
7. AGE YEARS 68 MONTHS 7 DAYS 10 If LESS than 1 day, hrs. or min.

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. Farmer
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) Ind

13. NAME Morgan Adams

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

15. MAIDEN NAME Cathrine Lynch

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

17. INFORMANT Mrs Ollie Adams (ADDRESS) athons Ind

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fasty DATE May 21 1935

19. UNDERTAKER W. H. Noble (ADDRESS) athons Ind

20. FILED June 6 1935 W. H. Noble Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1935, to May 20, 1935
I last saw him alive on May 16, 1935. Death is said to have occurred on the date stated above, at 2:30 m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of Stomach 59 179.9

Other contributory causes of importance

Name of operation NO Date of

What test confirmed diagnosis? 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) J. N. Barger, M. D.

(Address) athons Ind

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