

SEP 9 1935

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

Do not use this space.

22091

1. PLACE OF DEATH

County Sales
Township Charlotte
City (No.)

Registration District No. 186
Primary Registration District No. 507E

File No.
Registered No. 4

2. FULL NAME

S. G. Adams

(a) Residence, No. St. Ward.

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) Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1. 1863

7. AGE YEARS 72 MONTHS 6 DAYS 22 If LESS than 1 day, hrs. or min.

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.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Salem (STATE OR COUNTRY) Illinois

13. NAME Nicholas Adams

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

15. MAIDEN NAME Carolina Davis

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

17. INFORMANT S. G. Adams (ADDRESS) Butler Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Virginia DATE July 26 1935

19. UNDERTAKER Butler Mo. (ADDRESS) Butler Mo.

20. FILED July 26 1935 C. A. Lusk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1935

22. I HEREBY CERTIFY, that I attended deceased from 1933 to July 7 1935
I last saw him alive on July 7 1935. 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:

Myocarditis
Fractured skull in the head, with heart embolism
Date of onset

Other contributory causes of importance: Natural Insufficiency

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (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) C. G. Lusk M. D.
(Address) Butler 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.

