

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.

OCT 24 1935

29384

1. PLACE OF DEATH

County Opweil
Township West Plains
City West Plains (No. _____)

Registration District No. 384

Primary Registration District No. 4227

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Theodore Emmett Adams

(a) Residence, No. Rt. 1, West Plains, Mo. Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 2 mos. 2 da. How long in U. S., if of foreign birth? yrs. mos. da.

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)

Nov. 23 1903

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

32

10

2

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.

General Farming

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

11. Total time (years) spent in this occupation

Lowell Co. Mo.

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

Lowell Co. Mo.

13. NAME

Timothy E. Adams

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

Lowell Co. Mo.

15. MAIDEN NAME

Caroline Cardell

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

Mary Co. Mo.

17. INFORMANT (ADDRESS)

O. E. Adams
West Plains Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lowell Valley DATE Sept 28 1935

19. UNDERTAKER (ADDRESS)

LEONARD H. SULLENS
WEST PLAINS, MO.

20. FILED

Sept. 28 1935 Vida W. SIMONS
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24 1935

22. I HEREBY CERTIFY That I attended deceased from Sept. 22 1935 to Sept. 24 1935

I last saw him alive on Sept. 24 1935 Death is said to have occurred on the date stated above, at 11:50 P.M.

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

General Peritonitis Date of onset Sept 18 1935

Other contributory causes of importance: Appendicitis

Name of operation Laparotomy Date of operation Sept 22 1935

What test confirmed diagnosis? Operation 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) W. E. Adams, M. D.

(Address) West Plains Mo.

