

OCT 17 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

31798

1. PLACE OF DEATH

County Bates
 Township Neen Creek
 City Adrian (No. _____)

Registration District No. 47
 Primary Registration District No. 5070

File No. 17
 Registered No. _____
 St. _____ Ward)

2. FULL NAME

(a) Residence No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-26-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
80 10 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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) Missouri

13. NAME Thomas Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

15. MAIDEN NAME Phoebe Willard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Mary Duke (ADDRESS) 133 E 31st Kansas City Mo.

18. BURIAL-CREMATATION, OR REMOVAL PLACE Mt. Olivet DATE 10/4 1935

19. UNDERTAKER Leveath and Son (ADDRESS) Adrian

20. FILED Oct 10 1935 Missie R Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2 1935

22. I HEREBY CERTIFY, That I attended deceased from October 1 1935 to only visited 1935
 I last saw him alive on Oct. 1 1935 Death is said to have occurred on the date stated above, at 7:40 A.M.

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

Angina Pectoris

Other contributory causes of importance:

None

Name of operation None 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? no Date of injury _____, 1935

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) C. E. Robinson, M. D.(Address) Adrian, 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.

