

NOV 18 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

31868

1. PLACE OF DEATH

County BushananRegistration District No. 85Township St JosephPrimary Registration District No. 1001City St Joseph(No. More Hospital)File No. 10 8Registered No. 10 8St. Hamilton Ward

2. FULL NAME

(a) Residence, No. Wilson Tyler Adams St. Hamilton Mo.

(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

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

Rosa Elma Adams

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

Feb. 22 1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

6089

OCCUPATION

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) (STATE OR COUNTRY)

Thames County New York

13. NAME

Tyler Adams

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

England

15. MAIDEN NAME

Mary Sue

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

New York

17. INFORMANT (ADDRESS)

T. J. Adams Hamilton

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hamilton DATE Oct 1 1935

19. UNDERTAKER (ADDRESS)

William L. Hamilton Hamilton

20. FILED

10-219 35John R. Bender

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 - 1935

22. I HEREBY CERTIFY, That I attended deceased from

Sept 29, 1935, to Sept 30, 1935I last saw him alive on Sept 30, 1935. Death is saidto have occurred on the date stated above, at 12.25 m.

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

Carcinoma of Intestine Date of onset ?

Other contributory causes of importance:

Surgical Shock & PeritonitisName of operation Exploratory Date of 9/29/35What test confirmed diagnosis? phys findings 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) T. J. Adams M. D.(Address) St Joseph Mo

