NOV 26 1935

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

Do not use this space.

33562

1. PLACE OF DEATH
County: Pemiscot — Registration District No. 851 — File No.
Township: Cottonwood — Primary Registration District No. 9-863 — Registered No. 146
City (No. St. Ward)

2. FULL NAME: M. C. McAdams

(a) Residence, No. St., Ward.
(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: Hazel McAdams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-12-1874

7. AGE: Years 60 — Months 10 — Days 6 — If LESS than 1 day, hrs. or min.

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.: Farm
10. Date deceased last worked at this occupation (month and year): Aug. 1935
11. Total time (years) spent in this occupation: 8 yr

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

FATHER
13. NAME: William McAdams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Darline Paterson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Hazel McAdams

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Little Prairie Cem. DATE: 10/20 1935

19. UNDERTAKER (ADDRESS): T. Sherrill & Son

20. FILED: Nov. 6 1935 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/18 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-17-1935, to 10-18-1935
I last saw h. alive on 10-11-1935. Death is said to have occurred on the date stated above, at 8:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbuncle of neck	
3 d	

Other contributory causes of importance:
Acute Nephritis

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

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) L. E. Cooper, M. D.
(Address) Caruthersville 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

U.S. NO
1004-11