

FEB 19 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

881

1. PLACE OF DEATH

County Hentry
 Township Hendall
 City (No.)

Registration District No. 309
 Primary Registration District No. 5434

File No.
 Registered No. 2
 St. Ward

2. FULL NAME Willis Adams

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 4 28

OCCUPATION

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

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

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) Hentry Co Mo
(STATE OR COUNTRY)13. NAME William Adams14. BIRTHPLACE (CITY OR TOWN) Ill
(STATE OR COUNTRY)15. MAIDEN NAME Delila Wood16. BIRTHPLACE (CITY OR TOWN) Ill
(STATE OR COUNTRY)17. INFORMANT Virge Adams
(ADDRESS) Albany Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Loan Star DATE Jan 12 193619. UNDERTAKER W. G. Noble
(ADDRESS) New Hampton Mo20. FILED July 21 1936 Lot. Martin
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-6-36, 1936, to 1-16-36, 1936.
 I last saw him alive on 1-16-36, 1936. Death is said

to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Mural Thrombosis Date of onset 1-6-36

Other contributory causes of importance:

Thrombosis liver 1-6-36

Name of operation 0 Date of
 What test confirmed diagnosis? clin Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 0 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) Frank H. Rose, M. D.(Address) Albany, 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.

1. AUG 22 1956