

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

Do not use this space.

8916

1. PLACE OF DEATH

County Sullivan
Township Bourman
City Humphreys (No.)

Registration District No. 857

Primary Registration District No. 851 457

File No.

Registered No.

St. Ward)

2. FULL NAME

Robert Adams

(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

Wht

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

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

Apr 22 1848

7. AGE

YEARS

MONTHS

DAYS

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

87

10

1

OCCUPATION

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

Pastor Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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

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11. Total time (years) spent in this occupation

✓

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

Ky

FATHER

13. NAME

Mr Adams

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

U.S.A.

MOTHER

15. MAIDEN NAME

Elizabeth (Unknown)

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

U.S.A.

17. INFORMANT (ADDRESS)

Mrs Nellie Harris Milan Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Milan Mo. Cemetery DATE Feb 25 1936

19. UNDERTAKER (ADDRESS)

Chas. Payne, Son Sals Mo

20. FILED

Feb 26 1936 Cordelia Shores

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1936 to Feb 23 1936

I last saw him alive on Feb 23 1936 Death is said

to have occurred on the date stated above, at F. A. Mo

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

Diabetes Mellitis

Date of onset

Other contributory causes of importance:

Valvular Heart Disease

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?

If so, specify

(Signed)

H. M. Carver

M. D.

(Address)

Humphreys Mo

