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.

MAY 15 1936

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

Do not use this space.

13896

1. PLACE OF DEATH

County Adair — Registration District No. 4 — File No.

Township ~~Benton~~ — Primary Registration District No. 3001 — Registered No. 79

City Kirksville (No. , St. Ward)

2. FULL NAME ~~Olley~~ Oley Marion Adams

(a) Residence, No. Greencastle Mo St., Ward. (If nonresident, give city or town and State)
(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.

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 Johanna Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 28 1866

7. AGE: 69 YEARS — MONTHS: 5 — DAYS: 8 — 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.

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

11. Total time (years) spent in this occupation 42 yrs

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

FATHER

13. NAME Samuel Bingham Adams

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

MOTHER

15. MAIDEN NAME Phoebe Virtue Medley

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

17. INFORMANT (ADDRESS) Wife

18. BURIAL, CREMATION, OR REMOVAL PLACE Sterling Ill. DATE Apr. 9 1936

19. UNDERTAKER (ADDRESS) Glen Kent Glen City Mo.

20. FILED April 8 1936 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1936, to April 6, 1936

I last saw him alive on April 6, 1936. Death is said to have occurred on the date stated above, at 6:50 p.m.

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

	Date of onset
Streptococcus finger infection following slight injury	3-24-36
Streptococcus cellulitis rt arm	3-26-36
Streptococcus Septicemia	4-3-36

Other contributory causes of importance:

Parotitis	4-4-36

Name of operation None — Date of

What test confirmed diagnosis? Culture — 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) George E. Grim, M. D.

(Address) Kirksville, Missouri