JUL 23 1936

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

Do not use this space.
19939-3

1. PLACE OF DEATH
County Lewis
Township Union
City La Grange (No. St. Ward)
Registration District No. 480
Primary Registration District No. 4289
File No.
Registered No. 14

2. FULL NAME Daniel C. 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie C. Adams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4th 1867
7. AGE Years 68 Months 4 Days 18 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Lewis County Mo.

FATHER
13. NAME Rodham L. Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis County, Mo.

MOTHER
15. MAIDEN NAME Ann E. Primrose
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis County, Mo.

17. INFORMANT Carroll S. Adams
(ADDRESS) Canton, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE La Grange DATE May 20th 1936
19. UNDERTAKER A. A. Roberts
(ADDRESS) La Grange, Mo.
20. FILED May 20, 1936 W. B. Alley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17th, 1936
22. I HEREBY CERTIFY, That I attended deceased from May 10th, 1936, to May 17th, 1936
I last saw him alive on May 17th, 1936. Death is said to have occurred on the date stated above, at 8.50 P.m.
The principal cause of death and related causes of importance were as follows: Date of onset
Tuberculosis of Kidneys
Uremia

30

Other contributory causes of importance: Hypertrophy of Prostate Gland

Name of operation Date of
What test confirmed diagnosis? Clinical 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) Dr. L. E. Carr, M. D.
(Address) La Grange, Mo.

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

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.