

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.

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

Do not use this space.

OCT 22 1936
1. PLACE OF DEATH
County Boonville Registration District No. 496
Township Brookfield Primary Registration District No. 3025
City Brookfield (No.) St. Ward
2. FULL NAME Christopher Adams
(a) Residence, No. 218 S. Canal St. 3 Ward. (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.

A. P. Evans
34905

File No.
Registered No. 70
St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Adams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-8 1840
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
95 10 27
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Alsas, Lorraine France
13. NAME Martin Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France
15. MAIDEN NAME D. K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France
17. INFORMANT Mrs Kellie Johnson (ADDRESS) Brookfield Mo
18. BURIAL, CREMATION OR REMOVAL PLACE Rose Hill DATE Sept-7-1936
19. UNDERTAKER W. H. Hills (ADDRESS) Brookfield, Mo
20. FILED Mo 8 36 Port Lucas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1936
22. I HEREBY CERTIFY, That I attended deceased from Sept 3 1936 to Sept 4 1936
I last saw him alive on Sept 3 1936. Death is said to have occurred on the date stated above, at 2:20 p.m.
The principal cause of death and related causes of importance were as follows:
Chr. Myocarditis
Date of onset unkn
Other contributory causes of importance:
97%
Name of operation Date of
What test confirmed diagnosis? Chinial 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) J. Lane Evans M. D.
(Address) Brookfield, Mo

