

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.

FEB 23 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Wayne
 Township Sagan
 City Patterson (No. 2)

Registration District No. 66
 Primary Registration District No. 6192

File No. 4758
 Registered No. 1 St. Ward

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) <u>M. Adams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 5 - 1842</u>		
7. AGE YEARS <u>94</u>	MONTHS <u>7</u>	DAYS <u>12</u>
If LESS than 1 day, ...hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>retired</u>
	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) Macon Co. Tennessee
 (STATE OR COUNTRY)

FATHER	13. NAME <u>Mathew Adams</u>
	14. BIRTHPLACE (CITY OR TOWN) <u>Tennessee</u> (STATE OR COUNTRY)
	15. MAIDEN NAME <u>Sally Marsh</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) <u>Tennessee</u> (STATE OR COUNTRY)

17. INFORMANT Chas Adams
 (ADDRESS) Patterson Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Patterson Mo DATE Jan 18 1937

19. UNDERTAKER Crow Funeral Home
 (ADDRESS) Greenville Mo

20. FILED Jan 18 1937 Mrs. T. M. Prek
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17-1937

22. I HEREBY CERTIFY, That I attended deceased from 1/5, 1937, to 1/17, 1937

I last saw him alive on Jan 10, 1937 Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Enterocolitis Date of onset 1/4/37

Other contributory causes of importance:
130

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) Ad Myers, M. D.
 (Address) Greenville, Mo.

