

APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Boone
Township Centralia
City Centralia

Registration District No. 72
Primary Registration District No. 4091

File No. 11102
Registered No. 13
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Winneke Adams
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7th 1856
8. AGE YEARS 81 MONTHS 0 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fanner
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
11. 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) Ky

13. NAME Thomas Adams

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

15. MAIDEN NAME Jane Weathercraft

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

17. INFORMANT (ADDRESS) Centralia

18. BURIAL, CREMATION, OR REMOVAL Union Church Cem DATE 3/23rd

19. UNDERTAKER (ADDRESS) Centralia

20. FILED 3/23 1937 J. S. Hixson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22nd 1937
22. I HEREBY CERTIFY, That I attended deceased from March 1 - 1937 to March 22 - 1937
I last saw him alive on March 22, 1937. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance: ✓

Name of operation _____ Date of _____
What test confirmed diagnosis? 852 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? ✓

If so, specify Chas. H. Austene, M. D.
(Signed) Centralia, Mo
(Address)

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.

