

APR 21 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Faller

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Registration District No.

318

Primary Registration District No.

2001

File No.

11901

Registered No.

0199

St.

Ward

2. FULL NAME

(a) Residence, No.

(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.

Ward.

(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

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(or name of)

J. F. Adams

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

June 6, 1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

63

90

1

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Furniture Dealer

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)

Missouri

MOTHER FATHER

13. NAME

Wiley Adams

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

Tenn.

15. MAIDEN NAME

Sarah J. Mellar

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

Tenn.

17. INFORMANT (ADDRESS)

Mrs. G. F. Adams

18. BURIAL, CREMATION, OR REMOVAL

Buried in

DATE March 8, 1937

19. UNDERTAKER (ADDRESS)

W. H. Klingner Co.

20. FILED

Mar 8 1937 Chas. A. George M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

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

March 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from

2-2-37, 1937, to 3-6-37, 1937

I last saw him alive on 3-6-37, 1937. Death is said

to have occurred on the date stated above, at 12 midnite

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

Date of onset

Pericarditis acute 3-1-37

Other contributory causes of importance:

Influenza - Pneumonia in Bronchial
Etiology of gall bladder

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

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) C. E. Faller, M. D.

(Address) Springfield, Mo.

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.

