

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH

County Stone
Township Linden
City (No.)

Registration District No. 842
Primary Registration District No. 6259

File No. 17792
Registered No. St. Ward

2. FULL NAME

Arval James 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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30-1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
17 6 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farming
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) Mo.

13. NAME Frank Adams

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

15. MAIDEN NAME Ella Parker

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

17. INFORMANT Frank Adams
(ADDRESS) Frank, Mo. R-2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marionville Cem. DATE April 8-1937

19. UNDERTAKER J. W. Maples
(ADDRESS) Clarks, Mo.

20. FILED 414 19 37 Miss Ella J. Duggal
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7-1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 3-, 1937, to Apr 7-, 1937
I last saw him alive on Apr 7-, 1937. Death is said to have occurred on the date stated above, at 3:15 P.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia (Lobar) Date of onset 4-3-37

Other contributory causes of importance:
Acute myocarditis 4-2-37

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) H. L. Kerr, M. D.
(Address) Clarks, Mo.

N. B.—Every item of information should be carefully studied. 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.

