JUL 31 1937

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

Do not use this space.

File No. 24746

Registered No.

1. PLACE OF DEATH
County St Clair
Township Osage
City (No. , St. Ward)

Registration District No. 764
Primary Registration District No. 6008

2. FULL NAME David W. H. Adams
(a) Residence, No. Morgan Springs, Mo.
(Usual place of abode) (If nonresident, give [redacted] 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: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Anna L. Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 8, 1864

7. AGE: Years 73 | Months 4 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Lafayette County Mo.

FATHER
13. NAME William J. Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Junk. Tennessee

MOTHER
15. MAIDEN NAME Margaret Jane Frazier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richardson Mo.

17. INFORMANT (ADDRESS) Mrs. Anna L. Adams Morgan Springs, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Lee's Summit Mo. DATE July 14, 37

19. UNDERTAKER (ADDRESS) Fields Funeral Home Lee's Summit, Mo.

20. FILED July 13, 1937 Jas R Carter Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-6, 1937 to 7-10, 1937
I last saw h[redacted] alive on 7-10, 1937. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	7-6-37
8th	

Other contributory causes of importance: Possible High Blood Pressure

Name of operation None Date of
What test confirmed diagnosis? Collapse Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
W[redacted]d injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No
(Signed) J. W. Richardson, M. D.
(Address) Lee's Summit 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.

MAY 22 1945