

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 23 1937

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

Do not use this space.

27234

File No. 1
Registered No. 589
St. () Ward ()

1. PLACE OF DEATH
County Silene Registration District No. 318
Township 709 Primary Registration District No. 2001
City Springfield W. Clay
2. FULL NAME Peter Adams
(a) Residence, No. 707 W. Clay 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-11-1868
7. AGE YEARS 68 MONTHS 10 DAYS 7 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. yard man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family
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) Texas
13. NAME Johnson Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas
15. MAIDEN NAME Rachel Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas
17. INFORMANT (ADDRESS) Clairidge Small
18. BURIAL, CREMATION, OR REMOVAL PLACE W. Clay DATE July 20, 1937
19. UNDERTAKER (ADDRESS) Mc Campbell
869 Washington Ave
20. FILED July 20, 1937 Chas. A. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1937
22. I HEREBY CERTIFY That I attended deceased from May 18, 1937 to July 18, 1937
I last saw him alive on July 17, 1937 Death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset ?
Other contributory causes of importance:
Chronic Nephritis
Benign
Generalized Anasarca
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Gordon J. Hooney, M. D.
(Address) 1020 Sherman

