

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

Do not use this space.

28631

112 **AUG 31 1937**

1. PLACE OF DEATH

County Washington
Township Belgrade
City Belgrade (No. _____) St. _____ Ward _____

Registration District No. 885
Primary Registration District No. 6188

File No. _____
Registered No. 20

2. FULL NAME Morris Miller Adams

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1937

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

22. I HEREBY CERTIFY, that I attended deceased from Dec 10, 1936, to June 13, 1937

I last saw deceased alive on Jan 10, 1937. Death is said to have occurred on the date stated above, at 5:40 P.M.

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

Pulmonary tuberculosis Date of onset _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27, 1843
7. AGE: YEARS 93 MONTHS 5 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

Other contributory causes of importance: Senility & Pneumonia
in Dec 1936

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) Goodland Mo. (STATE OR COUNTRY)

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.

FATHER 13. NAME Nelson Adams

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

MOTHER 15. MAIDEN NAME Rebecca Stevens

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

17. INFORMANT Edgar Adams (ADDRESS) Belgrade Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunlight Mo. DATE June 15, 1937

19. UNDERTAKER Norman White & Son (ADDRESS) Ironton Mo.

20. FILED July 23, 1937 Mrs Ella White Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. K. Crewell, M. D.
(Address) Patuxent

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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