

SEP 27 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

31968

1. PLACE OF DEATH

County ScottRegistration District No. 1151

Township

Primary Registration District No. 4598City Forneght

(No.)

St.

Ward)

2. FULL NAME Everett Lee Adams Jr.(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 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 22, 1920</u>		
7. AGE	YEARS	MONTHS
<u>17</u>	<u>0</u>	<u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
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		

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Forneght Mo</u>
	13. NAME <u>Everett Lee Adams Jr</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stoddard Co Mo</u>
	15. MAIDEN NAME <u>Etta Johnson</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dehta Ill</u>
	17. INFORMANT <u>E L Adams Sr</u> (ADDRESS) <u>Forneght, Mo</u>
FATHER	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Chapel</u> DATE <u>7/28/1937</u>
	19. UNDERTAKER <u>Bisplinghoff & Hobbard</u> (ADDRESS) <u>1112 Mo</u>
20. FILED <u>7/28 1937 8411 Coy</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-20-193722. I HEREBY CERTIFY, That I attended deceased from 7-20-1937 to 7-20-1937I last saw him alive on 7-11-1937. Death is said to have occurred on the date stated above, at 11 p.m.

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

Myocardial infarction

Other contributory causes of importance: none

Date of onset 7-18-37

Name of operation Widow Date of 7-20-37
What test confirmed diagnosis? Widow Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury 7-20-37Where did injury occur? at home
(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 Myocardial infarction

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no
(Signed) E. L. Adams Sr M. D.
(Address) 1112 Mo

