

NOV 17 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County DeKalbTownship AdamsCity AdamsRegistration District No. 263Primary Registration District No. 5365File No. 237542Registered No. 7

2. FULL NAME

(a) Residence, No. Adams

(Usual place of abode)

St. AdamsWard. Adams

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

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Child

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

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

3 - 6 - 1935

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

282

OCCUPATION

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

At Home

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)

DeKalb Co.

FATHER

13. NAME

Verne Adams

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

Wathena Kansas

15. MAIDEN NAME

Dawida Smith

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

Wathena Kansas

17. INFORMANT (ADDRESS)

Verne Adams

18. BURIAL, CREMATION, OR REMOVAL

PLACED

DeKalb Co.

DATE

11-937

19. UNDERTAKER (ADDRESS)

W. J. PilcherMarion Mo

20. FILED

Nov 10

1937

Jos Fitzgerald

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Nov 8 1937

22. I HEREBY CERTIFY, That I attended deceased from

Nov 4 1937, to Nov 8 1937I last saw him alive on Nov 8 1937. Death is saidto have occurred on the date stated above, at 7:40 a.m.

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

Lobar pneumoniaDate of onset Nov 3

Other contributory causes of importance:

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?

If so, specify.....

(Signed) J. D. Kline

M. D.

(Address) 312 27th Main, Cameron, Mo.

