

DEC 17 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

41266

1. PLACE OF DEATH

County GreeneRegistration District No. 318Township Springfield, Mo.Primary Registration District No. 2001City Springfield, Mo.(No. Springfield Baptist Hosp.)File No. 1074Registered No. 1074

Ward

2. FULL NAME

Adams, Samuel Q.(a) Residence, No. Stockton, Mo. Route # 3Ward. Stockton Mo

(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

White

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

Married

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

Jessie Adams

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

April 8, 1871

7. AGE

YEARS

MONTHS

DAYS

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

6674

OCCUPATION

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

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)

Carlisle Kansas

FATHER

13. NAME

Wm. C. Adams

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

Kentucky

MOTHER

15. MAIDEN NAME

MacCampbell

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

Indiana

17. INFORMANT (ADDRESS)

Miss Helen Adams Framingham, Mass.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Iola, KansasDATE Nov. 14, 1937

19. UNDERTAKER (ADDRESS)

H. H. Lohmeyer Funeral Home Springfield, Mo.

20. FILED

Nov 14, 1937Chas. A. George, No. 10

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Nov 12, 193722. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1937, to Nov 12, 1937I last saw him alive on Nov 12, 1937. Death is saidto have occurred on the date stated above, at 9pm m.

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

Sarcoma, presumably primary in the lower thoracic portion of the spinal cord

Other contributory causes of importance:

1 Metastasis to left shoulder area2 Sepsis - renal & bladder

Name of operation

What test confirmed diagnosis? Biopsy Date of Nov 12, 1937

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) Gay D. Callaway, M. D.(Address) Springfield, 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.

