

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

Do not use this space.

2839

1. PLACE OF DEATH

39 County Greene
Township Campbell
City Springfield

Registration District No. 316
Primary Registration District No. 5440
(No. 1 Federal Hospital St.

File No. 36
Registered No. 36
Ward

2. FULL NAME Adams, Tommie

352

(a) Residence, No. St. Richmond, Ky.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 21 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Evelyn Lee Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-18-04

7. AGE 33 YEARS 36 MONTHS 4 DAYS 21 If LESS than 1 day, hrs. or mins.

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

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) DK 11. Total time (years) spent in this occupation DK

12. BIRTHPLACE (CITY OR TOWN) Richmond, Ky. (STATE OR COUNTRY)

13. NAME Jessie Adams

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

15. MAIDEN NAME Sallie (Bejenick) Adams

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

17. INFORMANT Deceased (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Jan. 12 1937
PLACE Richmond, Ky DATE

19. UNDERTAKER Alma Lohmeyer Funeral Home
(ADDRESS) Springfield, Mo.

20. FILED Jan 10 1937 Chas. George
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1937, 19 , to Jan. 9, 1938, 19 .

I last saw him alive on Jan. 9, 1938, 19 . Death is said to have occurred on the date stated above, at 1:20 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of urinary bladder 4-1937
Carcinoma of colon 4-1937

Other contributory causes of importance:
None

Name of operation Cystotomy & Biopsy Date of 8-18-37
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external cause (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) T. A. Smith, M. D. Surgeon, 1 M. D.
(Address) Clinical Director, USHDD,
Springfield, Mo.

46

RECEIVED

FEB 24 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

2839

Do not use this space.

1. PLACE OF DEATH

(a) County Greene

Registration District No. 318

(b) Township Campbell

Primary Registration District No. 5440

(c) City

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yr. mos. ds. (f) How long in U. S., if of foreign birth? yr. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Adams, Tommie St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

negro

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

m

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

33

4

21

OCCUPATION

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

9. Industry or business in which work
was done, as 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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR
(ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan 9, 1938

22. I HEREBY CERTIFY That I attended deceased from

to

I last saw him alive on

to have occurred on the date stated above, at

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

Carcinoma of urinary bladder. Carcinoma of colon

The primary seat of malignancy is thought to have been in the colon.

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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) M. B. Smith, Surgeon, M. D.

(Address) Clinic, Dept. of U.S.H.D.D.
Springfield, Mo.

1938

5-2829