

REC'D MAR 14 1938

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

5980

Do not use this space.

1. PLACE OF DEATH

(a) County BATES Registration District No. 50
 (b) Township _____ Primary Registration District No. 3004 Registered No. 16
 (c) City BUTLER (d) Street No. BUTLER MO - HOSPITAL St. _____
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

RAYMOND CLARENCE ADAMS 352
 (a) Residence, No. RFD 1 ROCKVILLE MO. St. _____ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W- 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) INFANT
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF INFANT
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN-12-1937
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 1 3
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. X
 9. Industry or business in which work was done, as saw mill, bank, etc. X
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) ROCKVILLE
 (STATE OR COUNTRY) RT 1 MISSOURI

13. NAME CLARENCE ADAMS

14. BIRTHPLACE (CITY OR TOWN) HENRY CO
 (STATE OR COUNTRY) MISSOURI

15. MAIDEN NAME DORTHY BLACKWELL

16. BIRTHPLACE (CITY OR TOWN) BENTON CO
 (STATE OR COUNTRY) MO.

17. INFORMANT CLARENCE ADAMS
 (ADDRESS) ROCKVILLE MO -

18. BURIAL, CREMATION, OR REMOVAL
 PLACE ROCKVILLE MO. DATE FEB 17, 1938

19. FUNERAL DIRECTOR BOOTH SERVICE
 (ADDRESS) RIEHL HILL MO.

20. FILED Feb 17 1938 Nina K. Fisher
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 15 1938

I HEREBY CERTIFY, That I attended deceased from Feb 12 1938 to Feb 15 1938

I last saw him alive on Feb 15 1938 Death is said to have occurred on the date stated above, at 11:15 PM.

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

Broncho pneumonia

1150

Other contributory causes of importance:
Septic sore throat

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

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? No

If so, specify: _____ (Signed) H. D. La Hure M. D.

(Address) Butler, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-7-28-37 1 X12004

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.

STATEMENT BY LICENSED EMBALMER

I, JOHN G. UNDERWOOD, Licensed Embalmer No. 3585

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself -

mo. L. E. 3585

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

John G. Underwood

Licensed Embalmer No. 3585

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)