

REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Caldwell
Township Hamilton
City Hamilton (No. 9)

Registration District No. 96
Primary Registration District No. 4058

File No. 6246
Registered No. 6
St. _____ Ward)

2. FULL NAME

Adam Ream 500

(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 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 (with the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mabel Ream6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 1 16

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Summit Co. Ohio 113. NAME Conrad Ream 114. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry 115. MAIDEN NAME Sarah Gable16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn17. INFORMANT Harvey Ream
(ADDRESS) Edin. Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Edin. Mo. DATE Feb. 4 193819. UNDERTAKER H.K. Vaughton
(ADDRESS) Hamilton Missouri20. FILED Feb 4 1938 Merle Connor
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1938

I HEREBY CERTIFY, that I attended deceased from Jan 8 1938 to Feb 2 1938
I last saw him alive on Feb 2 1938. Death is said

to have occurred on the date stated above, at 4:30 A.M.

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

Date of onset

Mitral Insufficiency92 a

Other contributory causes of importance:

Senility

Name of operation _____ Date of _____

What test confirmed diagnosis? Phy. diag. 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 124. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Lee J. Eads, M. D.(Address) Hamilton Mo.

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Registrar.

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.

