

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.

REC'D MAR 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County Lewis
Township Dickerson
City (No.)

Registration District No. 477
Primary Registration District No. 5646

File No. 7264
Registered No. 9
St. Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St. Ward

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 25-1899</u>		
7. AGE <u>78</u>	YEARS <u>10</u>	MONTHS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	13. NAME <u>Cowell H. Adams</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	15. MAIDEN NAME <u>Sue Bourn</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	17. INFORMANT (ADDRESS) <u>Charley Adams</u> <u>Ewing, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bloom</u> DATE <u>Feb. 24</u> 19 <u>38</u>	
19. UNDERTAKER (ADDRESS) <u>Thor Ball</u> <u>Ewing, Mo.</u>	
20. FILED <u>Feb 24</u> 19 <u>38</u> <u>H. W. Harris</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Feb. 22.</u> 19 <u>38</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov.</u> 19 <u>37</u> to <u>Feb. 22</u> 19 <u>38</u> I last saw him alive on <u>Feb. 20.</u> 19 <u>38</u> Death is said to have occurred on the date stated above, at <u>5 P.</u> m. The principal cause of death and related causes of importance were as follows: <u>Cardiac Decomposition with Coronary occlusion.</u> <u>951</u> Other contributory causes of importance: Name of operation <u> </u> Date of <u> </u> What test confirmed diagnosis? <u> </u> Was there an autopsy? <u> </u> 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 19 <u> </u> Where did injury occur? <u> </u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury <u> </u> Nature of injury <u> </u> 24. Was disease or injury in any way related to occupation of deceased? <u> </u> If so, specify <u> </u> (Signed) <u>P. J. Hillard</u> (Address) <u> </u>

[illegible]

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

7264

Do not use this space.

1. PLACE OF DEATH

(a) County Levy Registration District No. 477
(b) Township Dickerson Primary Registration District No. 3686
(c) City..... (d) Street No..... 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

John C. Adams
(a) Residence, No. 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 I 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
78 10 37
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)

13. NAME

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

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 Apr 12 1938 Herb Harris
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1938

22. I HEREBY CERTIFY, That I attended deceased from
to, 19.....

I last saw h..... alive on....., 19..... Death is said
to have occurred on the day stated above, at..... m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
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....., 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) P. J. Hyland, M. D.
(Address) Canton

S-7264