

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.

DEC 7 MAR 21 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Montgomery.
 Township Bear creek.
 City Bellflower.

Registration District No. 5-89 57873Primary Registration District No. 4347File No. 7513Registered No. 12 St. _____ Ward _____

2. FULL NAME

George F. Adams. 352
Bellflower Mo.

(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 5 yrs. 2 mos. 2 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 OFEffie Adams.

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

2 11 1857.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.81017.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Ret Farmer.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Gen Duties.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this occupation Life.
193312. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Montgomery Co Mo.

MOTHER FATHER

13. NAME

John J Adams.14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Kentucky.

15. MAIDEN NAME

Adeline Finley.16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Pike Co. Mo.17. INFORMANT
(ADDRESS)Mrs Effie Adams.
Bellflower, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bellflower Cem. DATE Mar 2 1938.19. UNDERTAKER
(ADDRESS)Oland A Jones.
Bellflower Mo.

20. FILED

Mar 4 1938 EA Bau

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 28 1938. 1922. I HEREBY CERTIFY, That I attended deceased from
August 12, 1937, to Feb. 28, 1938I last saw him alive on Feb 28, 1938. Death is saidto have occurred on the date stated above, at 5:45 p.m.

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

Myocardial DegenerationDate of onset
1938Chronic myocarditis1930Chronic interstitial nephritis1925Uremia poisoningFeb 1938Paralytic agitans1934Other contributory causes of importance: 121

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? No

If so, specify _____

(Signed) A. H. Van Arsdale, Jr.
(Address) Bellflower, Missouri

