

REC'D APR 7 1938

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

Do not use this space.

10001

1. PLACE OF DEATH
 4 County Audrain Registration District No. 26
 4 Township Salt River Primary Registration District No. 3002
 2 City Mexico Mo. (No. Audrain Co. Hospital St. _____ Ward _____)

2. FULL NAME Howard Phillip Adams 252
409 W. Hendrix St. St. _____ Ward _____
 (a) Residence, No. _____ (If nonresident, give city or town and State)
 (Usual place of abode) _____
 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 (write the word) Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 14, 1938</u>				
7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.	
	2	6		
OCCUPATION	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) <u>Mexico, Mo.</u> 0 (STATE OR COUNTRY) 0				
FATHER	13. NAME <u>Carl E. Adams</u> 0			
	14. BIRTHPLACE (CITY OR TOWN) <u>Mexico, Mo.</u> 0 (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Ruby Cleo Sims</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Mexico, Mo.</u> (STATE OR COUNTRY)			
17. INFORMANT <u>Carl E. Adams</u> (ADDRESS) <u>Mexico, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Elmwood</u> 3/21/38 PLACE DATE 19				
19. UNDERTAKER <u>Chas. Arnold Jr.</u> (ADDRESS) <u>Mexico, Missouri</u>				
20. FILED <u>Mar 21, 1938</u> <u>Blanche Healy</u> Register				

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 9, 1938 to Mar 20, 1938
 I last saw him alive on Mar 20, 1938 Death is said to have occurred on the date stated above, at 11:45 m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia lobar Date of onset 3-16-38
12. 2. 1
 Other contributory causes of importance:
Strangulated hernia & aspiration 3-9-38

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) R. Williams, M. D.
 (Address) Mexico, Mo.

23

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

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.

