

MISSOURI STATE BOARD OF HEALTH

3 BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

25784  
Do not use this space.

REC'D AUG 25 1938

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470  
 (b) Township Northwestern Primary Registration District No. 5-6-33  
 (c) City Mountain View, Mo (d) Street No. Mo. State Sanatorium Registered No. 86  
 (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. 7 mos. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Willis F. Adams 352

(a) Residence, No. 2909 Woodland Kansas City, 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 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) June 4, 1915  
 7. AGE YEARS 23 MONTHS 1 DAYS 20 If LESS than 1 day, .....hrs. or .....min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer  
 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) Jan 1, 1937 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from 12-18, 1937, to 7-24, 1938  
 I last saw him alive on 7-24, 1938 Death is said to have occurred on the date stated above, at 10<sup>14</sup> m.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset Jan 1937  
F.A.C.  
 Other contributory causes of importance:  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? yes

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.  
 FATHER 13. NAME Henry Wesley Adams  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.  
 MOTHER 15. MAIDEN NAME Viridia Tanner  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

17. INFORMANT (ADDRESS) Willis F. Adams  
2909 Woodland Kansas City, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Salmon Cemetery, Mo. DATE July 28, 1938  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thbert Funeral Home  
mt. Vernon, Mo.  
 20. FILED July 23, 1938 P. A. Holmes Local Registrar.

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) Markdale M.D., M. D.  
420 State San Mt. Vernon, Mo. (Address)

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.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

P. O. Address .....

**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.)**

**If this body is not embalmed, above space should be left blank.**