

REC'D SEP 19 1938

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

28207
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 26
(b) Township 1 Primary Registration District No. 3002
(c) City Mexico Mo (d) Street No. 1008 Harwood St Registered No. 111
(e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(f) How long in U. S., if of foreign birth? yrs. mos. ds. _____

2. PRINT FULL NAME

(a) Residence, No. Wm. Grant Adams St. Mexico Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 OF Harriet Adams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/13/1861
7. AGE YEARS 77 MONTHS 2 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farming
9. Industry or business in which work was done, as saw mill, bank, etc. farming
10. Date deceased last worked at this occupation (month and year) 1929 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deerfield Ohio

13. NAME Albert Gallatin Adams

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

15. MAIDEN NAME Mary Wood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Wm. Grant Adams Mexico Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hatton Mo. DATE 8/19/38

19. FUNERAL DIRECTOR (ADDRESS) Wm. Grant Adams Mexico Mo.

20. FILED Aug 19 1938 B. Pancho Neely Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1936, to Aug 17 1938
I last saw h. alive on Aug 16-38, 19____. Death is said to have occurred on the date stated above, at 3:29 A.M.
The principal cause of death and related causes of importance were as follows:

Congestive Pectoris

Other contributory causes of importance: 94
No not known

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Wm. Grant Adams M. D.
(Address) Mexico Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-38-116

Date Filed 9-15-38

STATEMENT BY LICENSED EMBALMER

I, Marion E. McElion, Licensed Embalmer No. 395-7

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Marion E. McElion
Licensed Embalmer No. 395-7

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.)