

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

NOV 17 1938

1. PLACE OF DEATH
 51 County Jackson Registration District No. 431
 6 Township Primary Registration District No. 3023
 2 City Warrensburg (No.) St. Ward)

2. FULL NAME John Franklin Adams
 (a) Residence. No. 708 N. Holder St., Ward.
 (Usual place of abode) (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.

File No. 36074
 Registered No. 102

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora Lee Blake Adams

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 12, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 8 3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 15 1938

17. I HEREBY CERTIFY, That I attended deceased from 1:57h, 1938, to Oct 15, 1938 that I last saw him alive on Oct 15, 1938, and that death occurred, on the date stated above, at 6:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac thrombosis
~~myocardial infarction~~
~~aged almost instantly~~
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) aged age hypertension
merely acute yrs. mos. ds.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work retired Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

18. WHERE WAS DISEASE CONTRACTED 9513
 IF NOT AT PLACE OF DEATH.....

9. BIRTHPLACE (CITY OR TOWN) Warrensburg Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Sampson Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

12. MAIDEN NAME OF MOTHER Elizabeth Francis Knight

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

DID AN OPERATION PRECEDE DEATH? W DATE OF
 WAS THERE AN AUTOPSY? W

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) John T. Anderson M. D.
 (Address) Warrensburg Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Mrs. John F. Adams 391
 (Address) Warrensburg Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sunset Hill DATE OF BURIAL Oct. 17 1938

15. FILED 10-17-1938 Eva P. Bentley
 REGISTRAR

20. UNDERTAKER W.F. Wilcox Funeral Service ADDRESS Warrensburg Mo.

RECEIVED

District Health Officer No. 8,

File Number

11/7/38

File