DEC 5 1938

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

Do not use this space.

1. PLACE OF DEATH
91 County RIPLEY
Township Shirley
City Doniphan (No. ..... St. ..... Ward)

2 1 Registration District No. 750
Primary Registration District No. 6246

File No. 40174
Registered No. .....

2. FULL NAME 35 John Thomas Adams

(a) Residence, No. Doniphan RF3 St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR WIFE OF) Tora Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25th 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	60	7	29	

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. Farmer
10. Date deceased last worked at this occupation (month and year) Life time
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bardwell Ky

FATHER
13. NAME Jessie Thomas Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bardwell Ky

MOTHER
15. MAIDEN NAME Sallie Trammell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bardwell Ky

17. INFORMANT Virgil Adams
(ADDRESS) 6410 Hays Court St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Price Cem. DATE 10-25 1938

19. UNDERTAKER Black Mortuary
(ADDRESS) Doniphan Mo.

20. FILED 10-24 1938 E B Johnston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1938.

22. I HEREBY CERTIFY, That I attended deceased from 1/2 1937 to Oct 24 1938
I last saw him alive on 6/1 1938. Death is said to have occurred on the date stated above, at 1-8 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	unknown

Other contributory causes of importance: 1/2

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) Clifford Grant, M. D.
(Address) Doniphan Mo

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.