

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

Do not use this space.

43871

1. PLACE OF DEATH

County Montgomery 2

Township Prairie 1

City 355 (No. _____)

Registration District No. 5913

Primary Registration District No. 5989

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME Harry Adams

(a) Residence, No. _____ 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.

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 Ollie Adams (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/14/1888

7. AGE YEARS 50 MONTHS 9 DAYS 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) (STATE OR COUNTRY) Montgomery, Co. Mo.

13. NAME Wm. Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery, Co. Mo.

15. MAIDEN NAME Mary L. Brookshire

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery, Co. Mo.

17. INFORMANT Mrs. Ollie Adams (ADDRESS) Corso, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellsville, Mo. DATE 12/25/38

19. UNDERTAKER W. R. Vomund (ADDRESS) Silex, Mo.

20. FILED 1/11 1939 Leah Rigg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1938 to Dec. 23, 1938

I last saw him alive on Dec. 23, 1938. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver.

Date of onset

Other contributory causes of importance:

Gastric Ulcer - Operation.

Name of operation Ulcer of Stomach Date of _____

What test confirmed diagnosis? None 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) R. M. Carson, M. D.

(Address) Silex, Mo.

