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.

FEB 21 1939

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

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township Sni a Bar
City Blue Springs Mo (No. ..... St. ..... Ward)
Registration District No. 395
Primary Registration District No. 4232
File No. 2538
Registered No. .....

2. FULL NAME Fred Albert 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 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 Loulee Adams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7 L875
7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	7	24	

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) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blue Springs MO

FATHER
13. NAME Henry A Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENgland

MOTHER
15. MAIDEN NAME Sarah Goge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Louee Adams Blue Springs Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Springs DATE Feb 3rd 1939
19. UNDERTAKER (ADDRESS) R B Webb Blue Springs Mo
20. FILED 2/3 1939 F W Sutton MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-1- 1939
22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1938, to Feb 2, 1939
I last saw him alive on Feb 2, 1939. Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ictenus Gravis	
	1250

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) S R Crawford, M. D.
(Address) Grain Valley Mo