

JUN 19 1939

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

17914

Do not use this space.

## 1. PLACE OF DEATH

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

2. PRINT FULL NAME James Walter Adams

(a) Residence, No. 1210 E. Monroe St. St. ☐ (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## 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 Daisey Adams  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 6, 1876  
 7. AGE YEARS 62 MONTHS 8 DAYS 6 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Real Estate  
 9. Industry or business in which work was done, as saw mill, bank, etc. Agent  
 10. Date deceased last worked at this occupation (month and year) April 19-1939 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) Audrain County, Mo. (STATE OR COUNTRY)

FATHER 13. NAME George W. Adams  
 14. BIRTHPLACE (CITY OR TOWN) Audrain County, Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Alice Kincaid  
 16. BIRTHPLACE (CITY OR TOWN) Pike County, Mo. (STATE OR COUNTRY)

17. INFORMANT A.O. Adams (ADDRESS) Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL Elmwood Cemetery, Mexico, Mo. PLACE DATE May 7, 1939

19. FUNERAL DIRECTOR H.A. Precht & Son (ADDRESS) Mexico, Mo.

20. FILED 5-6-39 Blanche Neely Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1939, to May 6, 1939

I last saw him alive on May 5, 1939 Death is said to have occurred on the date stated above, at 5:00 a.m.

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

Branch pneumonia Date of onset

fracture of 5th & 6th cervical vertebra with severe spinal cord injury 4-20-39

Other contributory causes of importance:  
meningeal inflammation due to trauma & concussion 1939

Name of operation in Date of

What test confirmed diagnosis? in Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? accident Date of injury 4-20, 1939

Where did injury occur? on hand (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fell from step ladder  
 Nature of injury fracture 5th & 6th cervical vertebra

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify

(Signed) Blanche Neely, M. D.  
 23-4 (Address) Mexico, Mo.

RECEIVED

District Health Officer No. 10

District File Number 0-239-1112

Date Filed JUN 8 1939

STATEMENT BY LICENSED EMBALMER

I, Earl E. Precht, Licensed Embalmer No. 3189

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Earl E. Precht

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered-Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Earl E. Precht

Mexico, Mo.

Licensed Embalmer No. 3189

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.)