

REC'D NOV 24 1939

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

35827
Do not use this space.

1. PLACE OF DEATH
(a) County Clay Registration District No. 251
(b) Township Liberty Primary Registration District No. 5220 Registered No. _____
(c) City _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred 30 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME James P. Adams
(a) Residence, No. 329 - P. Mason St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaretta Sodd Adams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 - 1868
7. AGE YEARS 71 MONTHS 3 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Seed Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. Lawson City Co.
10. Date deceased last worked at this occupation (month and year) 2/20/39
11. Total time (years) spent in this occupation 30
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrodsburg Ky
13. NAME James A. Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrodsburg Ky
15. MAIDEN NAME Emma F. Glanc
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Danville Ky
17. INFORMANT James P. Adams (ADDRESS) Luxington, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Bellevue, Mo DATE Oct 6 1939
19. FUNERAL DIRECTOR Church - Archer Co (ADDRESS) Liberty, Mo
20. FILED Oct 5, 1939 Helwig East Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938 to Oct 4, 1939
I last saw him alive on Oct 3, 1939 Death is said to have occurred on the date stated above, at 6:54 a.m.
The principal cause of death and related causes of importance were as follows:
Cardio-renal disease
Other contributory causes of importance: Arterio-sclerosis
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 Justinian, Mo
(Signed) Liberty, Mo, M. D.
(Address) _____

Title of page
Judy

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)