

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.

7150 200 12 94411

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
 County Cape Girardeau Co. Registration District No. Brown Addition. 120
 Township 1 Primary Registration District No. 3009 File No. 10524
 City Cape Girardeau (No. 7) Registered No. 107 St. _____ Ward _____

2. FULL NAME Sherman Wesley Adams
 (a) Residence, No. Cape Girardeau St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 6 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 (OR) WIFE OF Cara Adams
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4 - 1899
 7. AGE YEARS 40 MONTHS 6 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
 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) Belling Co. (STATE OR COUNTRY) Missouri

FATHER
 13. NAME John Adams
 14. BIRTHPLACE (CITY OR TOWN) Belling Co. (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Minnie Benfield
 16. BIRTHPLACE (CITY OR TOWN) Belling Co. (STATE OR COUNTRY) Missouri

17. INFORMANT Cara Adams (ADDRESS) Cape Girardeau

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Clougala Mo. DATE 3-12-40

19. UNDERTAKER Bearbaugh Funeral Home (ADDRESS) Cape Girardeau

20. FILED 3-16-40 H. J. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1940.

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1940, to March 10, 1940.
 I last saw him alive on March 10, 1940. Death is said to have occurred on the date stated above, at 10 a. m.
 The principal cause of death and related causes of importance were as follows:

Lobar
Pneumonia
 Date of onset _____

Other contributory causes of importance: 123

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? No
 If so, specify _____
 (Signed) D. J. Murphy, M. D.
 (Address) Cape Girardeau Mo.

Was sublined by W. H. Ester
License # 3568
Cape Gir, Mo.