

FILED DEC 11 1940

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

39661
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Francois Registration District No. 274
 (b) Township St. Francois Primary Registration District No. 6018 B Registered No. 998
 (c) City Esther Mo. (d) Street No. _____ 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 Nelson Adams.
 (a) Residence, No. Esther 0 SW 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 Sharolot Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 - 1857 -

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>83</u>	<u>7</u>	<u>25</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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) Dent Co. Mo.

FATHER	13. NAME <u>Nelson Adams</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greeley Mo.</u>
MOTHER	15. MAIDEN NAME <u>Beulah Fenderson</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>

17. INFORMANT (ADDRESS) Charles Adams
Cantwell

18. BURIAL, CREMATION, OR REMOVAL PLACE Mills Springs Mo DATE Nov 30 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wagner Co
Franklin and Co
St Louis Mo

20. FILED 12/6 1940 C. B. Barror Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27 - 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 17 1940 to Nov 27 1940
 I last saw him alive on Nov 23 1940 Death is said to have occurred on the date stated above, at 1:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Myocardia Pectoris
 Date of onset 11/16/40

Other contributory causes of importance: 94 W

Name of operation _____ Date of _____
 What test confirmed diagnosis Physical 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) Geo Zaspau M. D. O.
 _____ (Address) High River, Mo.

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

Phone
9222
Bell Winton Everitt mo
Francis Skof Barber

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.)

If this body is not embalmed, above space should be left blank.