

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.

FILED JUN 12 1942

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

19129

Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 796
 (b) Township Marshall Primary Registration District No. 338 Registered No. 90
 (c) City Marshall (d) Street No. Missouri State School 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

WILLIAM OLIVER ADAMS
 (a) Residence, No. VULCAN MISSOURI 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 (write the word) Child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 13 1926
 7. AGE YEARS 15 MONTHS 5 DAYS 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc. None
 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) Woodruff Arkansas

FATHER 13. NAME Sam Adams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Ara Haddadon
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Missouri State School Records
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Leontia Mo DATE May 29 1942

19. FUNERAL DIRECTOR (NAME) Harry Hershberger
 (ADDRESS) Marshall Mo

20. FILED May 29 1942 Mo T.O. Wee thork
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1942

22. I HEREBY CERTIFY, That I attended deceased from August 15 1941 to May 28 1942

I last saw him alive on May 27 1942 Death is said to have occurred on the date stated above, at 1300 am.

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

Epileptic Convulsion Date of onset

Other contributory causes of importance:

how grade idiot

Name of operation Stethoscope 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) Blum, Prizma Bowlish M. D.
 (Address) Marshall Missouri

NOTICE TO CHASE EMBALMERS
CONTINUED FROM PREVIOUS
PAGE

1918

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-17-43

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

3153
Glasgow, Mo.

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.