

REC'D APR 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Henry*
Township *Jeff*
City *Jeff* (No.)

Registration District No. *349*
Primary Registration District No. *5787*

File No. *10906*
Registered No. *6*
St. Ward)

2. FULL NAME

Charley Adams 352

(a) Residence, No. *Lewis Station* St., Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*wid*)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Adie Adams*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 11 1870*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 11 22

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *Miner*

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) (STATE OR COUNTRY) *Henry Co Mo*

13. NAME *David Adams*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New York*

15. MAIDEN NAME *Martha Evans*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Henry Co Mo*

17. INFORMANT (ADDRESS) *Floyd Adams Lewis Station Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Combs Cem* DATE *2/5 38*

19. UNDERTAKER (ADDRESS) *Consoler + Beck Clinton Mo*

20. FILED *3-5-38* 1938 *Mrs. A. A. Gray Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 3 1938*

22. I HEREBY CERTIFY, That I attended deceased from *3-3 1938* to *3-3 1938*

I last saw him alive on *3-3-38* 19... Death is said to have occurred on the date stated above, at *3:50 P.*

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

Accident in mine - (coal) Fractured left arm, crushed left chest.

Other contributory causes of importance: *201 ft. H.*

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? *Accident* Date of injury *3-3 1938*

Where did injury occur? *Lewis Mo* (Specify city or town, county, and State)

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

Manner of injury *crushed chest*

Nature of injury *Caught under falling coal*

24. Was disease or injury in any way related to occupation of deceased? *Yes* If so, specify *coal miner*

(Signed) *W. M. D.*

(Address) *Lewis Mo.*

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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.

