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

Do not use this space.

30580

File No. ..... Registered No. A 2038

1. PLACE OF DEATH
County: Jackson Registration District No.:
Township: Kaw Primary Registration District No.:
City: Kansas City (No. Research Hospt. St. Ward)

2. FULL NAME: Lewis F. Adams
(a) Residence. No. ..... St., ... Ward. Smithville Mo.
(Usual place of abode) (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: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lula Adams

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 30, 1888

7. AGE: Years 39 | Months 1 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Supt.
(b) General nature of industry, business, or establishment in which employed (or employer): Water Works
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Smithville
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: James F. Adams
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Smithville
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Frances Peddicord
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Smithville
(STATE OR COUNTRY): Mo.

14. INFORMANT: Mrs. Lula Adams
(Address): Smithville, Mo.

15. FILED 10-29-1927 M M Crouse
Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 29 1927

17. I HEREBY CERTIFY, That I attended deceased from Clinty Coroner, 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental Crushing
Skull - fell on floor
18 ft
1941 5
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) 185
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [illegible], M. D.
(Address) Clinty Coroner 10/29/1927

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Smithville, Mo DATE OF BURIAL: 10-29 1927

20. UNDERTAKER: L. N. Newcomer & Son ADDRESS: K. C. Mo.

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.