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

Do not use this space.

7395

File No. 17

Registered No.

1. PLACE OF DEATH

County Newton

Township Neosho

City (No. , St. Ward)

Registration District No. 609

Primary Registration District No. 5808

2. FULL NAME James Henry Adams

(a) Residence. No. St., Ward.
(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.

MAR 25 1929

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, ~~WIDOWED OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mary Adams

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 27 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	71	5	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER James Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont Know

12. MAIDEN NAME OF MOTHER — Jenkins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont Know

14. INFORMANT Mary Adams
(Address) Neosho Mo

15. FILED 3/10 1929 C. E. Murray
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-11 1929

17. I HEREBY CERTIFY, That I attended deceased from June, 1928, to Feb 11, 1929 that I last saw h. alive on, 19, and that death occurred, on the date stated above, at 4:00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. F. Foster, M. D

2/11, 1929 (Address) Neosho Mo

*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~~	DATE OF BURIAL
Burkhardt Cemetery	2/12 1929

20. UNDERTAKER	ADDRESS
Bryant's	Neosho