

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

Do not use this space.

9992

**1. PLACE OF DEATH**

County Clay  
Township Liberty  
City (No. ....) (Name) .....

Registration District No. 209  
Primary Registration District No. 5280

File No. ....  
Registered No. 77  
St. .... Ward

**2. FULL NAME**

(a) Residence. No. .... C. H. Adams .....  
(Usual place of abode) Liberty, Mo. 645 .....  
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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 12 - 1855  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
73 11 3  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Investing  
(b) General nature of industry, business, or establishment in which employed (or employer) J. & F. Home  
(c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 15 - 1929  
17. I HEREBY CERTIFY, That I stated deceased from May 1, 1927, to March 15, 1929 that I last saw him alive on March 4, 1929, and that death occurred, on the date stated above, at 1329.  
THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cancer of Rectum  
467  
CONTRIBUTORY (SECONDARY) 45 (duration) 4 yrs. .... mos. .... ds.  
(duration) .... yrs. .... mos. .... ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri Co., Ind.  
10. NAME OF FATHER H. E. Adams  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
12. MAIDEN NAME OF MOTHER Mary Ann Carr  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: .....  
19. DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....  
20. WAS THERE AN AUTOPSY? .....  
WHAT TEST CONFIRMED? H. Matthews (Signed) ..... M. D.  
7/15, 1929 (Address) Liberty, 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.

14. INFORMANT (Address) Paul R. Rogers  
Liberty, Mo.  
15. FILED 4/10/29 W. J. Anderson REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Graveside, Mo. DATE OF BURIAL 3/16/29  
20. UNDERTAKER Church - Archer Co. Liberty, Mo. ADDRESS

STATE OF MISSOURI, I, James H. ...

