

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.

JAN 15 1935

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

Do not use this space.

1. PLACE OF DEATH

County Callaway  
Township Fulton  
City Fulton (No. ...., St. .... Ward)

Registration District No. 104  
Primary Registration District No. 3008

File No. 42161  
Registered No. 286

2. FULL NAME

(a) Residence, No. Hammit, Mo. St. Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred 6 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>marrie</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annie McAdams</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Don't know</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>about</u>	<u>71</u>	<u>-</u>	<u>-</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>hardner</u>			
	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) <u>Missouri</u>				
FATHER	13. NAME <u>Don't know</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "			
MOTHER	15. MAIDEN NAME " "			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "			
17. INFORMANT <u>Records of State Hospital #1</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hannibal, Mo</u> DATE <u>Dec 2</u> 193 <u>4</u>				
19. UNDERTAKER <u>Geo. J. Wallace</u> (ADDRESS) <u>Fulton, Missouri</u>				
20. FILED <u>Dec 3</u> 19 <u>34</u> <u>B. M. Crews</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1 1934 to Dec 2 1934  
I last saw him alive on Dec 2 1934. Death is said to have occurred on the date stated above, at 2:40 p.m.  
The principal cause of death and related causes of importance were as follows:  
101/1 Arteriosclerosis  
47 107 a  
Other contributory causes of importance:  
Broncho-pneumonia

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? no

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? no  
If so, specify.....  
(Signed) F. S. Laffner, M. D.  
(Address) Fulton, Mo

JUN 16 1948