

APR 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Randolph*Registration District No. *735*File No. *13140*

Township

Primary Registration District No. *3034*Registered No. *95*

City

(No. *Woodland Hospital*)

St. _____ Ward _____

2. FULL NAME

William H. Adams(a) Residence, No. *627 Logan Terrace*

(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 29th 1937*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Metta M Adams*22. I HEREBY CERTIFY, That I attended deceased from *Feb 15* 19*37* to *March 29* 19*37*.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 12th 1860*I last saw him alive on *Feb 28* 19*37*. Death is said to have occurred on the date stated above, at *7:00* a.m.7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 *9* *17*

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

Cancer of left colon

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*
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 occupationOther contributory causes of importance
*None*12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*13. NAME *Walter Adams*

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*What test confirmed diagnosis? *Chemical* Was there an autopsy? *No*

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*17. INFORMANT *Mrs Metta Adams*
(ADDRESS) *Moberly Mo*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.

18. BURIAL, CREMATION, OR REMOVAL PLACE *Macon Mo* DATE *March 30, 1937*Manner of injury _____
Nature of injury _____19. UNDERTAKER *Mahan and Son*
(ADDRESS) *Moberly Mo*24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify _____20. FILED *Mar. 29, 1937* *Ethel Cleator*
Registrar.(Signed) *Wm J. Lehman*, M. D.(Address) *Moberly Mo*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 21 1946

S-13140

RECEIVED