

1950 APR 25 1939

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

Do not use this space.

11990

1. PLACE OF DEATH *Ralls* Registration District No. *726*
 County *Daverton* Primary Registration District No. *3-9-67*
 Township *Bush* (No. *Bush*) St. _____ Ward _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME *Theophilus M. Adams*
 (a) Residence No. *Bush, Mo* 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.

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) *Widowed*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *March 21 1939*

5A. (If Married, WIDOWED, OR DIVORCED - HUSBAND OF (or) WIFE OF) *Margaret A McAdams*

17. I HEREBY CERTIFY, That I attended deceased from *March 15*, 19*39*, to *March 21*, 19*39* that I last saw him alive on *March 15*, 19*39*, and that death occurred, on the date stated above, at *6:15 a. m.*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *May 28 1858*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.
85 9 23

(duration) *7 1/2* yrs. mos. *6* ds.

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

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

9. BIRTHPLACE (CITY OR TOWN) *Pike Co., Mo*
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER *Stephen M. Adams*

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? *No*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Ky*
(STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *H. J. Waters* M. D.
3-21-19 (Address) *New London, Mo*

12. MAIDEN NAME OF MOTHER *Elizabeth Frier*

*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.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Pike Co., Mo*
(STATE OR COUNTRY)

14. INFORMANT *Everette M. Adams*
(Address) *Bush, Mo 6453*

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Bush, Mo* DATE OF BURIAL *3-23-1939*

15. FILED *3/25* 19*39* *Blaundie Megown* REGISTRAR

20. UNDERTAKER *James O'Connell* ADDRESS *Hannibal Mo*

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 10-39-695

Date Filed APR 13 1939