

FILED FEB 13 1940

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

3999
Do not use this space.

1. PLACE OF DEATH
(a) County Shelby Registration District No. 830
(b) Township East High Primary Registration District No. 4503
(c) City Shelburn (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Thomas Jasper McAdams
(a) Residence, No. Shelburn, Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Rosalie McAdams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24th 1854
7. AGE YEARS 85 MONTHS 5 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Real Estate Broker
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) Leona, Ill.
13. NAME Thomas McAdams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
15. MAIDEN NAME Sarah Kuyfath
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
17. INFORMANT (ADDRESS) W. C. McAdams
Quincy, Ill.
18. BURIAL, CREMATION, OR REMOVAL PLACE Area, Ill. DATE Jan 13, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) William Y. Barkelew
Shelburn, Mo
20. FILED Jan 12, 1940 Ruth Joyner
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11, 1940
22. I HEREBY CERTIFY, that I attended deceased from Dec 19, 1939, to Jan 11, 1940
I last saw him alive on Jan 11, 1940 Death is said to have occurred on the date stated above, at 8:45 a.m.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset Jan 9
Other contributory causes of importance: 11 W
Dyspnea Dec 10
Name of operation _____ Date of _____
What test confirmed diagnosis clinical Was there an autopsy? _____
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? _____
If so, specify _____ (Signed) J. R. Simpson, M. D.
(Address) Shelburn, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2.
50M-P-10-35
I X16803

RECEIVED

District Health Officer No. 10

District File Number 2-40-411

Date Filed FEB 12 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Harvey A. Barkeley

Licensed Embalmer No. 3835

P. O. Address Delburne, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.