

FILED APR 23 1940

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

11253
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 402
 (b) Township Bain A. Bar Primary Registration District No. 0551B
 (c) City Bain Valley Mo. (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 357 Jacob Putman Adams St. (If nonresident, give city or town and State)
Bain Valley Mo.
 (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 (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Adams
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1862
 7. AGE YEARS 77 MONTHS 9 DAYS 11 If LESS than 1 day, hrs. or min.

OCCUPATION 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. retired farmer
 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) Mo. O

FATHER 13. NAME Daniel Jacob Adams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ny!

MOTHER 15. MAIDEN NAME Mary Eliz. Helton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ny!

17. INFORMANT (ADDRESS) Mrs. Mary Adams
Bain Valley, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE 2/12-1940 Oak Grove Mo.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Zoules
Oak Grove Mo.

20. FILED Mar 18, 1940 Mrs. A. H. Mann
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/10, 1940
 22. I HEREBY CERTIFY, That I attended deceased from 2/8, 1940 to 2/10, 1940
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
stroke
 Other contributory causes of importance: old
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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. C. [Signature]
 (Address) Bain Valley

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

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.

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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,

Z. J. Webb

....., or by

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

Signed.....

Z. J. Webb

Licensed Embalmer No. *2352*

P. O. Address *Oak Grove, 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.