

1 PLACE OF DEATH
County Bath
Vol. Deat Sick Registration District No. 62
In. Town _____ Primary Registration District No. 4086
City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

File No. _____
Registered No. _____

2 FULL NAME John Adams
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If accident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS
1 SEX Male 4 COLOR OR RACE White 5 Single Married
Married, Widowed or Divorced (Write the word)
6a If married, widowed, or divorced HUSBAND OF Addie Adams (or) WIFE OF _____
7 DATE OF BIRTH May 29 1897
(Month) (Day) (Year)
8 AGE 33 yrs 4 mos 5 ds. If less than 1 day hrs or min

MEDICAL CERTIFICATE OF DEATH
10 DATE OF DEATH October 4 1930
(Month) (Day) (Year)
11 I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____ that I last saw him alive on _____, 19____ and that death occurred on the date stated above at _____ a.m. The CAUSE OF DEATH* was as follows:
Dr. rate Heart Disease

9 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) _____

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

12 BIRTHPLACE (city or town) (State or country) Magoffin Co
13 NAME OF FATHER Preston Adams
14 BIRTHPLACE OF FATHER (city or town) (State or country) Magoffin Co
15 MAIDEN NAME OF MOTHER Minta Collins
16 BIRTHPLACE OF MOTHER (city or town) (State or country) Johnson Co

17 WHERE WAS DISEASE CONTRACTED
If not at place of death? _____
Did an operation precede death? no Date of _____
Was there an autopsy? no
What test confirmed diagnosis? _____
(Signed) D. C. Jones M. D.
_____ 19____ (Address) _____

18 (Informant) Preston Adams
(Address) Deat Sick, Ky
19 Filed 10-7-30 W. S. Leeward Registrar

20 PLACE OF BURIAL OR REMOVAL Jones Cemetery DATE OF BURIAL Oct 5 1930
21 UNDERTAKER Barnes + Horseman ADDRESS Bath Lick Ky

REMARKS REFERRED FOR RECORD
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
All entries hereof should be carefully checked. 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. See instructions on back of certificate.

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