


James M. Adams Death Certificate

Write Plainly with Unfading Ink—This is a Permanent Record.

MICHIGAN
DEPARTMENT OF STATE
LANSING
VITAL STATISTICS DIVISION.
CERTIFICATE AND RECORD OF DEATH.

County Washtenaw
 Township Williamston
 Village Williamston
 City _____

Registrar should number each certificate received, at once, in order of date, beginning with "1" for each year. (15,770)

 REGISTERED NO. _____

Full name James M Adams Date of death

MONTH	DAY	YEAR
<u>Nov</u>	<u>4</u>	<u>1899</u>

Place of death if in City Williamston Sex Male Race White
 Single, married, widowed or divorced Married
 (If married, age at first marriage 21 years Age 83
 (Number of 10 children, of whom 6 are living. Residence (State or country) New York State
 Occupation Carpenter

Name of father John Adams (Residence of father (State or country) New York
 Name of mother Nancy Jane Whitcomb (Residence of mother (State or country) New York
 Date of burial or removal _____
 Place of burial or removal _____

Signature of undertaker W. G. Whitcomb Address of undertaker _____
 Signature of Registrar J. B. Adams (Address) _____

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from Oct 13th 99 to Oct 13th 99
 that I last saw L. Adams alive on Oct 10th 99, that he died on Nov 4th 99
 about 10 o'clock, 4 P. M. and that to the best of my knowledge and belief the CAUSE OF DEATH was as hereunder written:
 POSITIVE CAUSE OF DEATH Paralysis
 Immediate cause of death _____
 Contributory cause or complication, if any _____
 Post-mortem _____

*In case of a violent death, state (1) mode of injury and whether accidental, suicidal or homicidal; (2) what was the nature of the injury and the immediate cause of death; (3) contributory causes or conditions, e. g., septicemia. Also whether operation was performed, etc. In deaths from tuberculosis, cancer, etc., always specify what organ or part of the body was affected. In septicemia, give cause, especially if purpura.

Witness my hand and seal this 11th day of Nov. 1899
 Signature of physician Dr. Shumway M. D.
 Address Williamston