

STATE OF MONTANA
Bureau of Vital Statistics
Certificate of Death

Do not write in this space

30967

39

1 PLACE OF DEATH

County Silver Bow Registered No. 65

Township _____ or Village _____ or

City Butte No. 821 Highland Av St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louis Adams(a) Residence. 821 Highland Av 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. days. How long in U. S., if of foreign birth? yrs. mos. days

PERSONAL AND STATISTICAL PARTICULARS.

3 SEX M 4 COLOR OR RACE W 5 Single, Married, Widowed, or Divorced (Write the word). Married5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Month 1864 Days If less than 1 day. hrs. or min. 60

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Miner
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9 BIRTHPLACE (city or town)

(State or Country) Canada10 NAME OF FATHER Amabil Adams

11 BIRTHPLACE OF FATHER (City or Town, State or Country)

12 MAIDEN NAME OF MOTHER Henrietta La Mountain

13 BIRTHPLACE OF MOTHER (City or Town, State or Country)

Canada

14

Informant _____
(Address) _____

15

Filed 1-24-25, 1925 J. B. Freund M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, Day and Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1925

_____, 19____, to _____, 19____

that I last saw h _____ alive on _____, 19____,

and that death occurred on the date stated above, at _____ m.
The CAUSE OF DEATH was as follows:CONTRIBUTORY
(Secondary)

_____, (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Pat Holland Coroner, M. D.

_____, 19____ (Address) _____

*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. (See reverse side for additional space.)

19 Place of Burial, Cremation or Removal Date of Burial

Holy Cross 19____
20 UNDERTAKER 1/26/25
ADDRESSGosolin & Barkins Butte

(OVER)

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. 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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