

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

Do not use this space.

37587

1. PLACE OF DEATH

County *Jefferson*
Township *Waller*
City *St. Louis* (No.)

Registration District No. *H 20*
Primary Registration District No. *3022*

File No.
Registered No. *116* St. Ward)

2. FULL NAME

Wilbert Franklin Adams

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *—*

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept 7 1916*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, or min.
<i>13</i>	<i>2</i>	<i>16</i>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *hammering*
(b) General nature of industry, business, or establishment in which employed (or employer) *184*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Franklin Co Mo*
(STATE OR COUNTRY)

10. NAME OF MOTHER *Essie Adams*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Jefferson Co Mo*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Pauline*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Franklin Co Mo*
(STATE OR COUNTRY)

14. INFORMANT *Geo. Adams*
(Address) *Emma*

15. FILED *173*, 19*27* *D. H. Conroy*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Nov. 27 1929*

17. I HEREBY CERTIFY That I attended deceased from
Coroner Inquest 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:

Guns shot wound of neck - accidental self-inflicted.
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) *Shock*
(duration) yrs. mos. da.

18. 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? *Coroner Inquest*
(Signed) *Stath E. ...* M. D.
, 19 (Address *Corner of ...*)

*State the DISEASE CAUSING DEATH, or in death from violent CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Bethlehem *Nov 28 1929*

20. UNDERTAKER ADDRESS

W. B. ...

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.

