

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

Do not use this space.

OCT 28 1930

29331

1. PLACE OF DEATH

County Cape Girardeau
Township 11
City 11

Registration District No. 125
Primary Registration District No. 3009
(No. So. E. M. Hospital)

File No. 515
Registered No. 515
St. 11 Ward 11

2. FULL NAME

Charles Adams

(a) Residence. No. Lithium, Mo.
(Usual place of abode)

Ward Lithium, Mo.
(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ...hrs. or min.

11

9

8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

School

(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)

Lithium, Mo.

10. NAME OF FATHER

Wm E. Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Lithium, Mo.

12. MAIDEN NAME OF MOTHER

Preston

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Lithium, Mo.

14.

INFORMANT
(Address)

Sister, Lithium, Mo.

15.

FILED

9/29/30 W. C. Kimpf
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Sept 28th 1930

17.

I HEREBY CERTIFY, That I attended deceased from Sept 28, 1930, to Sept 28, 1930, that I last saw him alive on Sept 28, 1930, and that death occurred, on the date stated above, at 2:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

accidental fracture of base of skull, automobile wreck.
2:10 P.M.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Berryville, Mo.

19. DID AN OPERATION PRECEDE DEATH?

Yes DATE OF Sept 28/30

20. WAS THERE AN AUTOPSY?

No

21. WHAT TEST CONFIRMED DIAGNOSIS?

X-ray surgical findings. (Signed) E. A. Schuck, M. D.

9/28/1930 (Address) Cape Girardeau, Mo.

*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.

22. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Lithium, Mo.

9-30 1930

23. UNDERTAKER

ADDRESS

Zachner & Young Berryville, Mo.

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.

