

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

Dr. Vickery
Do not use this space.

25833

1. PLACE OF DEATH

County De Witt Registration District No. 651
Township Waverly Primary Registration District No. 883
City Collinswood (No.) St. Ward)

File No.
Registered No. 100

2. FULL NAME

Johnie Adams
(a) Residence No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-16-1940

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
31 5 1

8. 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) ---
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Blue Bluff (STATE OR COUNTRY) Ark.

10. NAME OF FATHER Shannon Adams

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

12. MAIDEN NAME OF MOTHER Lila Bryan

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

14. INFORMANT A. Adams (Address) Steel mo

15. FILED Aug 8, 1931 Ada Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17, 1931

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... (that I last saw h..... alive on 19..... and that death occurred, on the date stated above, at 7:05 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
"Gunshot wounds"
173 (Homicide)
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 173 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no. DATE OF WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS (Signed) James P. Vickery M.D. July 18, 1931 Dr. J. P. Vickery
(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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mathis DATE OF BURIAL 7-18-1931

20. UNDERTAKER Steel mo ADDRESS Steel 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.

AUG 29 1931

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