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.

APR 25 1932

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

Do not use this space.

7801

1. PLACE OF DEATH
County Clay — Registration District No. 201 — File No.
Township Liberty — Primary Registration District No. 3012 — Registered No. 24
City (No. , St. Ward)

24-5-4

2. FULL NAME Charles F. Adams

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE~~ OF: Belle Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 4 - 1886

7. AGE: YEARS 46 — MONTHS 0 — DAYS 4 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Restaurant Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: owner 246
10. Date deceased last worked at this occupation (month and year): 3/8/32
11. Total time (years) spent in this occupation: yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holt Mo. 1/8

FATHER
13. NAME: Wm S. Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Henry Co. Ky 2

MOTHER
15. MAIDEN NAME: Nancy Lingenfelter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clinton Co. Mo. 1

17. INFORMANT (ADDRESS): Belle Adams Liberty, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Liberty Mo DATE: Fairview 3/9/32 19

19. UNDERTAKER (ADDRESS): Church - Archer Co Liberty, Mo

APR 10 1932

20. FILED, 19 Wm H Goodson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Immediate Drattle, 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Gun Shot - (Suicide) — Date of onset

167 167

Other contributory causes of importance:

Name of operation (5) Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. L. Wysong Coroner, M. D.
(Address) Liberty Clay County Mo