

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.

JAN 3 1933  
29-2

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

Do not use this space.  
37940

1. PLACE OF DEATH

County..... Registration District No. **1003**  
Township..... Primary Registration District No.....  
City St. Louis (No.....) St..... Ward.....

File No. **9564**  
Registered No.....  
St..... Ward.....

2. FULL NAME

**Billy Adams**

(a) Residence, No. **37 17 1/2 Gatorville** Ward.....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred **5** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 4, 1926</u>		
7. AGE YEARS <u>7</u>	MONTHS <u>9</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>school</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln Missouri</u>		
13. NAME <u>Sam Adams</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Louis Wilson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT (ADDRESS) <u>G. Barry 2600 Desperado St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union City Tenn</u> DATE <u>Nov 6 - 1933</u>		
19. UNDERTAKER (ADDRESS) <u>A. H. McLaughlin 1631 Mission Ave.</u>		
20. FILED <u>111-70-1533</u> 19 <u>33</u> <u>J. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3, 1933

22. I HEREBY CERTIFY that I attended deceased from Nov 3, 1933 to Nov 3, 1933  
I last saw him alive on Nov 3, 1933 Death is said to have occurred on the date stated above, at 12 P. M.  
The principal cause of death and related causes of importance were as follows:  
Malaria  
Date of onset

Other contributory causes of importance:  
None

Name of operation None Date of.....  
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicidal? No Date of injury....., 19.....  
Where did injury occur? Mo (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 John W. Scheubauer M. D.  
(Signed) John W. Scheubauer  
(Address) ISOLATION HOSPITAL

