ORDER Dr. Crabtree

MAR 20 1935

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

Do not use this space.

4314

1. PLACE OF DEATH
County Bates — Registration District No. 50
Township Mt Pleasant Twp. — Primary Registration District No. 5074
City BUTLER R.D. (No. ..... St. ..... Ward) — File No. ..... Registered No. 7

2. FULL NAME Spencer Adams
(a) Residence, No. RFD Butler Mo. 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): Widowed

5A. ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~
~~(Wife of)~~ HUSBAND OF Louellen Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1878

7. AGE — YEARS: 56 — MONTHS: 8 — DAYS: 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

FATHER
13. NAME John Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Lucy Hamilton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Pearl O'Dear 2723 Holmes Kansas City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Virginia Cem. DATE FEB.-10-1935

19. UNDERTAKER (ADDRESS) Booth and Boughan Rich Hill Missouri

20. FILED Feb 10, 1935 Nina L Culver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8 - 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 9.30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide Gun Shot wounds in head	

Other contributory causes of importance: Dont Know

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 2/8, 1935
Where did injury occur? Butler Co Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) R L Arnold Jr Coroner Bates Co Mo, M. D.
(Address) .....

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.