MAY 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County: Butler — Registration District No.: 89 — File No.: 15846

Township: — Primary Registration District No.: 3007 — Registered No.: 125

City: Poplar Bluff (No. Lucy Lee Hospital St. Ward)

2. FULL NAME Raymond P. Adams

(a) Residence, No. St., Ward. Cape Girardeau, Mo.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	negro	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 9, 1905

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	32	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber

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): Poplar Bluff Missouri

FATHER

13. NAME: Alexander Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Union City Tenn.

MOTHER

15. MAIDEN NAME: Katie Alexander

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

17. INFORMANT (ADDRESS): Eugene C. Adams Cape Girardeau Mo.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE: Cape Girardeau, Mo. DATE: May 16, 1937

19. UNDERTAKER (ADDRESS): Greer Funeral Service Poplar Bluff, Missouri

20. FILED: 5/15 1937 O C Cutsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:30 m. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Cervical Vertebrae	

Other contributory causes of importance:

210 M

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? accident Date of injury May 12 1937

Where did injury occur? Stoddard Co. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public hiway

Manner of injury auto collision

Nature of injury Thrown from car in collision

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Grover W Greer Coroner M. D.

(Address) Poplar Bluff 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.