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JUN 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Ray
Township Richmond
City Richmond (No. St. Ward)

Registration District No. 744
Primary Registration District No. 2035

File No. 21117
Registered No. 49

2. FULL NAME

(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 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Do not know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12, 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 24 9 10

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

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) Fulton, Md

13. NAME William K. Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calloway Co

15. MAIDEN NAME Ada Mendenhall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calloway Co

17. INFORMANT Ernest Adams (ADDRESS) Centralia, Md

18. BURIAL, CREMATION, OR REMOVAL PLACE Fulton, Md DATE 5/25/37

19. UNDERTAKER C. M. Jones (ADDRESS) Richmond, Md

20. FILED 6/10-37 19 May 3 McDonnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1937

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 P.M.

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

"Homicide"
Revolver shot Wounded
left Chest

Other contributory causes of importance:

Name of operation Autopsy Date of 1/3

What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Homicide Date of injury May 22, 1937

Where did injury occur? Ray Co., Mo.

(Specify city or town, county, and State)

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

Public Road

Manner of injury Revolver shot wound

Nature of injury Bullet wound

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

If so, specify

(Signed) D. W. Gaines, M. D.

(Address) Richmond, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

