

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

Do not use this space.

**JUL 8 - 1937**

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **ST LOUIS, Mo.** (No. **At foot of Meramec St 7**)

File No. **22127**

Registered No. **5879**

**2. FULL NAME WILLIAM A. ADAMS**

(a) Residence, No. **2640 RUSSELL** St., **23** Ward.

(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 **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 **LOUISE ADAMS**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **OCT 19 - 1895**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
<b>51</b>	<b>7</b>	<b>12</b>		

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

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) **ST LOUIS MISSOURI**

13. NAME **MASON G. ADAMS**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **BALTIMORE MARYLAND**

15. MAIDEN NAME **HATTIE WOODS**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ST LOUIS COUNTY MISSOURI**

17. INFORMANT **MRS LOUISE ADAMS** (ADDRESS) **2640 RUSSELL BLVD.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **NATIONAL (JEFFERSON BRANCH)** DATE **JUNE 16 1937**

19. UNDERTAKER **MULLEN BRO.** (ADDRESS) **4259 LINDELL**

20. FILED **JUN 16 1937** **J. J. Bredeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7/31 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 **12:15 noon**

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

**Asphyxiation due to Drowning in Mississippi River (time, cause & manner unknown) Open Verdict**

Other contributory causes of importance:

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?..... 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? **No** If so, specify.....

(Signed) **Wm. R. Shy**, M. D.

(Address) **.....**

see affidavit? No 199 in mis file - 1939

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.

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