

JUN 18 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

26594

1. PLACE OF DEATH

County St. Louis
 Township Shelton
 City Shelton (No. 38)

Registration District No. 38
 Primary Registration District No. 5051

File No. 26594
 Registered No. 26594
 St. St. Louis Ward 1

2. FULL NAME

(a) Residence, No. Donald Lee Adams St. St. Louis Ward 1
 (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 male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Still Born

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. ✓
 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) June 12 1937 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelton Mo

13. NAME Doyle Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Combs Mo

15. MAIDEN NAME Lora Roe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Combs Mo

17. INFORMANT (ADDRESS) Doyle Adams

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE June 12 1937

19. UNDERTAKER (ADDRESS) James C. Butler

20. FILED 34 37 Emma A. Dickinson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12 1937

22. I HEREBY CERTIFY that I attended deceased from June 12 1937 to June 12 1937

I last saw him alive on June 12 1937 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:
Still Born break before I arrived.

Other contributory causes of importance:

Name of operation Still Born Date of June 12 1937

What test confirmed diagnosis? Still Born Was there an autopsy? Yes

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

Accident, suicide, or homicide? Still Born Date of injury June 12 1937

Where did injury occur? Still Born (Specify city or town, county, and State)

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

Manner of injury Still Born

Nature of injury Still Born

24. Was disease or injury in any way related to occupation of deceased? Still Born

If so, specify Still Born (Signed) Wm. H. Salzer, M. D.

(Address) St. Louis

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state.

