AUG 31 1937

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

Do not use this space.

1. PLACE OF DEATH
County SCOTT — Registration District No. 1151 — File No. 28501
Township — Primary Registration District No. 7588 — Registered No.
City FORNFELT (No. ..... St. ..... Ward)

2. FULL NAME HOLLIE ALEXANDER ADAMS

(a) Residence, No. FORNFELT MO St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 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	WHITE	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 5 1898

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
39	1	6	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. COTTON BELT

10. Date deceased last worked at this occupation (month and year) JULY 10 1937

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COBDEN ILLINOIS

FATHER

13. NAME ALEXANDER ADAMS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CLAY COUNTY KY.

MOTHER

15. MAIDEN NAME AMANDAI LENTZ

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ANNA ILLINOIS

17. INFORMANT (ADDRESS) DELLA ADAMS FORNFELT MO

18. BURIAL, ~~CREMATION, OR REMOVAL~~ MEMORIAL PARK DATE July 13 1937

19. UNDERTAKER (ADDRESS) R C Caswell Fornfelt Mo

20. FILED 7/13 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 - 11 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 1:15 A.m.

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

	Date of onset
BULLET WOUND IN LEFT THORACIC CAVITY STRIKING HEART.	

Other contributory causes of importance:

BULLET WOUND IN ABDOMINAL CAVITY.

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? HOMICIDE Date of injury 7-11 1937

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

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

Public place.

Manner of injury HOMICIDE

Nature of injury BULLET WOUNDS

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

If so, specify .....

(Signed) John D. Nunnelee Jr. ~~M.D.~~

(Address) Bladgett Mo.

Coroner Scott County.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

U. S. NO. 2
10M 11-20-36
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