REC'D MAY 10 1938

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

3 1

14789
Do not use this space.

1. PLACE OF DEATH
(a) County Howell — Registration District No. 384
(b) Township — Primary Registration District No. 4227 — Registered No.
(c) City West Plains, — (d) Street No. Rear of Clyde Williams' Store St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 16 yrs. 10 mos. 28 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

3 4k 1

2. PRINT FULL NAME ROBERT GORDON ADAMS 3 5 2
(a) Residence, No. 457 Grace Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 1921

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	16	10	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as 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) Howell County, Missouri. 0 0

FATHER
13. NAME Albert H. Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell County, Missouri. 0

MOTHER
15. MAIDEN NAME Mary E. Pool
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell County, Missouri.

17. INFORMANT (ADDRESS) Cletus Adams, Atlanta, Ga.

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cem.
PLACE West Plains, Mo. DATE April 13, 1938

19. FUNERAL DIRECTOR (ADDRESS) Hal Thornburgh, West Plains, Mo.

20. FILED 4-13 1938 Vida W Simons
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1938

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:a.m. (Approx.)
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
Other contributory causes of importance: 161	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Suicide Date of injury 4/10/1938
Where did injury occur? West Plains, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury Shot with 32 Cal. Revolver.
Nature of injury Into heart, instant death.

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

(Signed) Wayne C. Thornburgh Coroner, M.D.
344 (Address) West Plains, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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
1 X12004

STATEMENT BY LICENSED EMBALMER

I, Hal Thornburgh, Licensed Embalmer No. 3408

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself and

L. E. No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Hal Thornburgh

Licensed Embalmer No. 3408

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)