

REC'D JUN 23 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Platte  
Township Carroll  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 696  
Primary Registration District No. 5924

File No. 19246  
Registered No. 7  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

James Cain Adams  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF May Campbell Adams  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13 1864  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 6 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) March 1937 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky13. NAME Wm. Adams14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky15. MAIDEN NAME Louisa Humble16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky17. INFORMANT Chester Adams (ADDRESS) Platte City Mo. 6450518. BURIAL, CREMATION, OR REMOVAL Forest Hill Cem. Kansas City, Mo. DATE May 18 193819. UNDERTAKER McComas Mortuary (ADDRESS) Smithville, Mo.20. FILED 6-7 1938 Mrs. Annis Murray Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 3:30 P.M.

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

Suicide  
Drowned himself in a stock Pond, at his sons home near Hoover road  
He left a note telling his folks good bye, He says attempted to hang himself before.  
Date of onset 16<sup>th</sup>

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_ (S. 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? 4If so, specify Island of Francis Carter(Signed) \_\_\_\_\_ (Address) Parkville Mo Platte 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.

