

REC'D JUL 7 1938

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

Do not use this space.

21322

1. PLACE OF DEATH

County Boone
Township Cedar
City (No. _____) _____

Registration District No. 76
Primary Registration District No. 5710 B

File No. 7
Registered No. _____

2. FULL NAME John Adams

(a) Residence, No. _____ St. _____ Ward _____
(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 OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
51 7 1

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) _____ 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Jacob Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Leah Humble

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Eula Adams

18. BURIAL, CREMATION, OR REMOVAL PLACE Bondsville DATE June 18 1938

19. UNDERTAKER Richard Wright

(ADDRESS) Richard Wright

20. FILED 6/29 1938 H. H. Mendenhall Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Shot him 3 off in head with shot gun

Other contributory causes of importance: 167-

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? suicide Date of injury 16 June 1938

Where did injury occur? on the highway at Bondsville (Specify city or town, county, and State)

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

Manner of injury from shot wound

Nature of injury prop. at head shot off

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

If so, specify _____

(Signed) M. L. Coulson (Address) 20 N 95th Columbus

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.

