

Dr. W. Whiteaker

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

3132  
Do not use this space.

REC'D FEB 24 1939

1. PLACE OF BIRTH  
(a) County Mississippi Registration District No. 567  
(b) Township St. James Primary Registration District No. 1743 Registered No. 3  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
2. PRINT FULL NAME GILBERT ADAMS  
(a) Residence, No. MISSISSIPPI, Co St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS  
3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SUSIE ADAMS  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12 - 1867  
7. AGE YEARS 71 MONTHS 2 DAYS 26 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. Carpenter  
9. Industry or business in which work was done, as saw mill, bank, etc. Carpenter  
10. Date deceased last worked at this occupation (month and year) Dec. 20, 1938 11. Total time (years) spent in this occupation life  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
13. NAME Robert Adams  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
17. INFORMANT (ADDRESS) Robert Adams, Charleston  
18. BURIAL, CREMATION, OR REMOVAL PLACE Mississippi Cem DATE Jan 9 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Marvin H. Shelby, East Prairie  
20. FILED Jan 9 1939 Miss D. M. Hodges, Local Registrar

MEDICAL CERTIFICATE OF DEATH  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1939  
I HEREBY CERTIFY That I attended deceased from January 2 1939 to January 8 1939  
I last saw him alive on January 7 1939. 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:  
Lobar Pneumonia  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: 105  
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? \_\_\_\_\_ (Specify 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? no  
If so, specify \_\_\_\_\_  
(Signed) George W. Whiteaker, M. D.  
897 (Address) East Prairie Mo

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Francis N. Shelby*

Licensed Embalmer No.....

*2726*

P. O. Address.....

*East Prairie, Mo*

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

**If this body is not embalmed, above space should be left blank.**