

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

Do not use this space.

MAY 27 1927

12075

1. PLACE OF DEATH

County Jasper Co
Towaship Jasper
City Joplin (No. 1814 My Ave)

Registration District No. 411
Primary Registration District No. 2003

File No. _____
Registered No. 213
St. _____ Ward _____

2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 9 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Joplin Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Thomas J. Adams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary E. Thompson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT Edith Adams
(Address) Joplin Mo

15. FILED 4/23/27 A. Benson Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 21, 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1927 to Apr 21, 1927
that I last saw him alive on Apr 21, 1927, and that death occurred, on the date stated above, at 10 A

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Liver

44 (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) 44 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? W S Love Land M. D.
(Signed) 4/22, 1927 (Address) Joplin Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL My Hope Cem DATE OF BURIAL 4-23-1927

20. UNDERTAKER Heubert Land Co ADDRESS Joplin Mo

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.

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AUG 4 1948