40265-1

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

Do not use this space. 41921 a ~~40265-1~~

1. PLACE OF DEATH
County Oregon — Registration District No. 635 — File No. 7
Township Myrtle — Primary Registration District No. 6277 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Sarah A Adams
(a) Residence. No. ..... St., 0 Ward. ..... (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: whl
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Chas A Adams
6. DATE OF BIRTH (MONTH, DAY AND YEAR)
7. AGE: 70 YEARS — MONTHS — DAYS: 24 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Keeping
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Grant Co Wis

PARENTS
10. NAME OF FATHER: J [illegible]
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Boras
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Burk Adams Son
(Address): Myrtle Mo

15. FILED 1/5/1929 G W Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-30 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 18 ~~to~~, 1928, to Dec 30, 1928, that I last saw her alive on Dec 29, 1928, and that death occurred, on the date stated above, at 5:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 2A
Nephritis
(Bright's Disease)
About 4 mos that I know of (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1296
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms & tests
(Signed) W. R. Phillips, M.D.
, 19 (Address) Myrtle, 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: Myrtle — DATE OF BURIAL: 12-30 1928
20. UNDERTAKER: J H Fortune — ADDRESS: Myrtle Mo

MAY 27 1931