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

Do not use this space.

9962

APR 22 1933

1. PLACE OF DEATH
County Jasper — Registration District No. 4-11
Township — Primary Registration District No. 2-a-2
City Joplin (No. ..... St. ..... Ward)

File No. 702
Registered No. .....

2. FULL NAME Sarah Louisa Adams

(a) Residence. No. 2427 S Main St., 1st Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Fe	white	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 30 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	78		2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife Retired
(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) Indiana

PARENTS

10. NAME OF FATHER Weir

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

12. MAIDEN NAME OF MOTHER Mary Ann Hoagland

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

14. INFORMANT Rissa F Farley
(Address) 2427 Main Joplin Mo

15. FILED 3/4 1933 C Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 2 1933

17. I HEREBY CERTIFY, That I attended deceased from January 1, 1933, to Feb 26, 1933, that I last saw her alive on Feb 26, 1933, and that death occurred, on the date stated above, at 12:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac hemorrhage from ulcer

Arteriosclerosis (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Diabetes mellitus (duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? X

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? Yes.

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) O. T. Blanke, M. D.

Mar. 3, 1933 (Address) 725 Francis Bldg, 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	DATE OF BURIAL
Liberal, Mo.	3/3 1933
20. UNDERTAKER	**ADDRESS**
Berkey Funeral Service	Liberal, 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.

THIS CERTIFICATE IS A PERMANENT RECORD