

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.

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

Do not use this space.

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1. PLACE OF DEATH

County Moniteau Registration District No. 576
Township Harrison Township Primary Registration District No. 5773
City (No.) St. Ward

File No.

Registered No. 132. FULL NAME Sammie Vernon(a) Residence, No. California Po. St. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 1st, 1919</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>13</u>	<u>2</u>	<u>11</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>			
	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.....	

12. BIRTHPLACE (CITY OR TOWN) Clean, (STATE OR COUNTRY) Missouri13. NAME W. F. Vernon14. BIRTHPLACE (CITY OR TOWN) Clean (STATE OR COUNTRY) Missouri15. MAIDEN NAME Anna McGill16. BIRTHPLACE (CITY OR TOWN) California (STATE OR COUNTRY) Missouri17. INFORMANT W. F. Vernon (ADDRESS) California, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE High Point Cem DATE Dec. 13th, 193319. UNDERTAKER G. N. Steffens (ADDRESS) Russellville, Mo.20. FILED 1-10-1933 W. H. G. G. G. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13, 193222. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1932, to Dec 12, 1932I last saw him alive on Dec 13, 1932 Death is said to have occurred on the date stated above, at 11 A.m.

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

Acute nephritisDate of onset
about
Dec. 3

Other contributory causes of importance:

Diphtheria

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.

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

If so, specify.....

(Signed) G. S. Glover, M. D.(Address) Russellville, Mo.

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