FEB 22 1927

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

Do not use this space.

506

1. PLACE OF DEATH
County Clay
Township Fishing River
City Excelsior Spgs (No. St. Ward)

Registration District No. 198
Primary Registration District No. 3011

File No.
Registered No. 8

2. FULL NAME Oliver F. Sams

(a) Residence. No. Maple Apts St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX: Male 4. COLOR OR RACE: White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single	16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 20oth. 1927
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	17. I HEREBY CERTIFY, That I attended deceased from Jan. 20" 1927 to Jan. 20oth. 1927 that I last saw him alive on Jan. 20oth. 1927, and that death occurred, on the date stated above, at 1.30 P. m.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 11-1877	THE CAUSE OF DEATH* WAS AS FOLLOWS:
7. AGE: Years 49, Months 2, Days 9. If LESS than 1 day, ...hrs. or ...min.	Acute Myocarditis (duration) yrs. 1 mos. ds.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work: Brick Layer (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	CONTRIBUTORY (SECONDARY) Influenza (duration) yrs. mos. ds.
9. BIRTHPLACE (CITY OR TOWN) Lawson (STATE OR COUNTRY) Ray Co Mo	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
PARENTS 10. NAME OF FATHER Robert Sims 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky 12. MAIDEN NAME OF MOTHER Margaret Kennedy 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky	DID AN OPERATION PRECEDE DEATH? no DATE OF WAS THERE AN AUTOPSY? no WHAT TEST CONFIRMED DIAGNOSIS? none (Signed) S. F. Herrig, M. D 19 (Address) Excelsior Springs 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.
14. INFORMANT Lottie Stone (Address)	19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Lawson Mo DATE OF BURIAL: 1-23-1927
15. FILED 2/4 1927 W. D. Craven, REGISTRAR	20. UNDERTAKER: Herbert Hope ADDRESS: Ex Springs

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD