

UL 26 1928

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

Do not use this space.

21537

1. PLACE OF DEATH

County Cook Registration District No. 703 File No. 1  
Township Johnson Primary Registration District No. 5738 Registered No. 13  
City Humanville No. 5932 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Sam L. Syphert  
(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 M 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 Helen Syphert  
Helen Syphert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
40 | 11 | 00

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Ind.  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER A. M. Arnold

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

12. MAIDEN NAME OF MOTHER Lavon Rove

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) unknown

14. INFORMANT Mrs Helen Syphert  
(Address) Humanville

15. FILED July 10 28 Dr. Neerins  
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29 1928

I HEREBY CERTIFY That I attended deceased from June 23 1928 to June 29 1928  
that I last saw him alive on June 29 1928, and that death occurred, on the date stated above, at 8: a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Scarlet Fever  
(duration) yrs. mos. 8 da.  
CONTRIBUTORY (SECONDARY) Middle Ear & Acute  
nephritis (duration) yrs. mos. 3 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? chemical

(Signed) Dr. Neerins M. D.  
June 28 (Address) Humanville 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

Humanville Cemetery June 30 1928

20. UNDERTAKER ADDRESS

J. A. Joseph 1339

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.

