

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

Do not use this space.

34615

1. PLACE OF DEATH

County St. Genevieve Registration District No. 780 File No. _____
 Township St. Genevieve Primary Registration District No. 4466 Registered No. 38
 City St. Genevieve No. _____ St. _____ Ward _____

2. FULL NAME

Eva Samson
 (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. 1 mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 15 - 1836</u>		
7. AGE	YEARS <u>92</u>	MONTHS <u>-</u>
	DAYS <u>16</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House keeping</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)		
PARENTS	10. NAME OF FATHER <u>Eliet Joseph Eibel</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <u>Mary Weber</u>	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)		

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct - 1 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1928, to Oct 1, 1928 that I last saw h. at alive on Sept 20, 1928, and that death occurred, on the date stated above, at 8:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia.
107A
 (duration) yrs. _____ mos. 1 ds.
 CONTRIBUTORY Senile Dementia
 (SECONDARY) (duration) yrs. 2 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? m
 WHAT TEST CONFIRMED DIAGNOSIS: Agno Symptomatis
 (Signed) W. G. Lappo, M. D.
Oct 1, 1928 (Address) St. Genevieve Mo

14. INFORMANT Anna Mc Gee
 (Address) St. Genevieve Mo

15. FILED Oct 1, 1928 T. W. Douglas
 REGISTRAR

*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 Hengarten Cemetery DATE OF BURIAL Oct 3 1928

20. UNDERTAKER John Basler ADDRESS St. Genevieve 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 IS A PERMANENT RECORD

1928

