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

Do not use this space.

38407

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis Mo. (No....., ..., St. ....., Ward)

File No.....

Registered No. 11023

2. FULL NAME Samuel Voorhees.

(a) Residence. No. 2909 Barrett. St., 10 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. 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)
Male	White	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lorinda C. Voorhees.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9/14/1851.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	77	1	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter.

(b) General nature of industry, business, or establishment in which employed (or employer) Retired.

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Andrew Jackson Voorhees

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

12. MAIDEN NAME OF MOTHER Nancy Day.

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

14. INFORMANT Albert C. Voorhees.
(Address) 2909 Barrett St.

15. FILED 11 11 1928, 19 [illegible] REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/10/28 19

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1928, to Nov. 10, 1928, that I last saw him alive on Nov. 10, 1928, and that death occurred, on the date stated above, at 6-15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonitis
and Parotitis Mumps
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) yrs. mos. ds.

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? .....

(Signed) J. A. Holke, M. D
, 19 (Address) 3820 N. Grand Blvd

*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
Carbondale, Illinois.	11-12-1928.

20. UNDERTAKER	ADDRESS
Provost Und. Co	3710 N. Grand.