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

Do not use this space.

9268

1. PLACE OF DEATH
County Vernon
Township Center
City Nevada Mo (No. ..... St. ..... Ward)
Registration District No. 875
Primary Registration District No. 3039.
File No. ..... Registered No. 34

2. FULL NAME Samuel Freeman
(a) Residence. No. 615 E. Allison 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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~~ Minnie Freeman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 26-1858

7. AGE: YEARS 70 | MONTHS 10 | DAYS 14 | If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY) Webster Co. Mo

PARENTS
10. NAME OF FATHER Thomas B Freeman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Knox Co. Tenn.
12. MAIDEN NAME OF MOTHER Martha Jane Alexander
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Knox Co. Tenn

14. INFORMANT T A Freeman
(Address) Nevada Mo

15. FILED 3/5/1929 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 10 1929

17. I HEREBY CERTIFY That I attended deceased from Feb 9, 1929, to Feb 10, 1929 that I last saw him alive on Feb 9, 1929, and that death occurred, on the date stated above, at 6 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bullet wound through head. (Suicide)

1 hr (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) ✓

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
(1) NOT AT PLACE OF DEATH? ✓
(2) DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
(Signed) W S Love, M.D
, 19 (Address) Nevada 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: Deepwood Cemet
DATE OF BURIAL: 2/11/1929

20. UNDERTAKER: Ferry Funeral Home
ADDRESS: Nevada

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.