

JUL 25 1929
47

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

Do not use this space.

21328

1. PLACE OF DEATH

County Linn
Township Union
City _____ (No. _____)

Registration District No. 390
Primary Registration District No. 5545

File No. _____
Registered No. 10
St. _____ Ward _____

2. FULL NAME

Samuel Middleton

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (or) WIFE OF <u>Ellev Seave</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 18 1841</u>		
7. AGE <u>88</u>	YEARS <u>4</u>	MONTHS <u>21</u>
		DAYS <u>11</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) not known
(STATE OR COUNTRY)

10. NAME OF FATHER not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY)

14. INFORMANT Chas. Middleton
(Address) Annapolis Mo

15. FILED 6-10, 1929 B C Quintan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8 19 29
17. I HEREBY CERTIFY, That I attended deceased from Apr 13, 1929, to Apr 20, 1929, that I last saw him alive on April 20, 1929, and that death occurred, on the date stated above, at 8:45 a.m.

(THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis
820
(duration) X yrs. 1 mos. 19 ds.

CONTRIBUTORY (SECONDARY) 75 a
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS
L. C. Allison
(Signed) _____ M. D.

6/9, 1929 (Address) Annapolis 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 Des Arc Mo DATE OF BURIAL 6/9 19 29

20. UNDERTAKER Neighbors ADDRESS Annapolis 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.

STATE IN POWER WITH CHANGING INTERESTS IS A PERMANENT RECORD

