

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

18975

**1. PLACE OF DEATH**

County Cole Registration District No. 213  
 Township \_\_\_\_\_ Primary Registration District No. 3014  
 City Jefferson (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 147  
 Registered No. \_\_\_\_\_

**2. FULL NAME** Samuel McIlvain

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX  <u>Male</u>	4. COLOR OR RACE  <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)  <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  <u>Not Known</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR)  <u>Not Known</u>				
7. AGE  <u>42</u>	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Not Known</u> (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) Not Known

PARENTS	10. NAME OF FATHER <u>Not Known</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>
	12. MAIDEN NAME OF MOTHER <u>Not Known</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>

14. INFORMANT Wymore-Gordon U. Co.  
 (Address) Jefferson City, Mo.

15. FILED 6/24/30 19 30 L. V. Bedford  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 1930

17. I HEREBY CERTIFY, That I attended deceased from June 1 1930 to June 1 1930 that I last saw him alive on June 1 1930 and that death occurred, on the date stated above, at 4 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic asthma with heart disease - sudden death from heart failure.  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Don't know  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) Jas A. Hill, M. D.  
 , 19 Jefferson City 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 Philadelphia, Pa DATE OF BURIAL 6/3 19 30

20. UNDERTAKER Wymore-Gordon Undertaking Co. ADDRESS J. P. Mc

