

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

Do not use this space.

W. Williams

25803

File No. _____

Registered No. *111*

1. PLACE OF DEATH

County *Andrew* Registration District No. *26*
 Township *Hillman* Primary Registration District No. *3002*
 City *Mexico Mo.* (No. _____) St. _____ Ward _____

2. FULL NAME *Samuel Joern*

(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 *male* 4. COLOR OR RACE *Black* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) *Widower*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 4 - 1904*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
96 2 24

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. *Retired laborer*
 (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) *Callaway Co., Mo.*

10. NAME OF FATHER *Sam Joern*

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

12. MAIDEN NAME OF MOTHER *Lucinda Jeter*

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

14. INFORMANT *Emma Woolley* (Address) *Mexico Mo.*

15. FILED *Aug 30 1930* *Ira S. Milligan* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) *Aug. 28* 19*30*

17. I HEREBY CERTIFY, That I attended deceased from *Aug 20*, 19*30* to *Aug 28*, 19*30* that I last saw him alive on *Aug 25*, 19*30* and that death occurred, on the date stated above, at *5 P. m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
myocarditis ch.
930
162 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) *Senility* (duration) _____ yrs. _____ mos. _____ ds.

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

0 DID AN OPERATION PRECEDE DEATH? *no* DATE OF _____ WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) *J. M. Ford*, M. D. , 19 (Address) *Mexico 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 *Placent Hill cemetery Callaway Co., Mo.* DATE OF BURIAL *Aug. 30 1930*

20. UNDERTAKER *W. S. Sheeter 2002* ADDRESS *Mexico 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.

SEP 21 1930

