

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

Do not use this space.

29642 Barnes  
200 W. Canal  
Registered No. 712

OCT 28 1930

1. PLACE OF DEATH  
Country Greene Registration District No. 318  
Township Springfield Primary Registration District No. 2091  
City Springfield, Mo. Baggage Car. Depot St. \_\_\_\_\_ Ward) \_\_\_\_\_  
2. FULL NAME Lizzie Samsel  
(a) Residence. No. Middle Anna Park 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) unknown  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 29, 1887  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
42 8 2  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Laborer (Farm)  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 21, 1930  
17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
\_\_\_\_\_ 1930, to \_\_\_\_\_ 1930  
that I last saw \_\_\_\_\_ alive on \_\_\_\_\_ 1930, and that death occurred, on the date stated above, at \_\_\_\_\_  
THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
92A  
heart stopping  
(duration) yrs. mos. ds. \_\_\_\_\_  
CONTRIBUTORY (SECONDARY) heart stopping  
murder (duration) yrs. mos. ds. \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Pals, Ill.  
(STATE OR COUNTRY) \_\_\_\_\_  
10. NAME OF FATHER John D. Samsel  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Ind.  
12. MAIDEN NAME OF MOTHER Stella Reed  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Ill.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) W. S. Samsel, M. D.  
9-22-1930 (Address) Springfield 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.

14. INFORMANT Mr. R. W. Hardman  
(Address) R. R. # 9 - City  
15. FILED 9-22-1930 Lon Sharp REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hazelwood Cem DATE OF BURIAL Sept 23, 1930  
20. UNDERTAKER Alma Schmeyer ADDRESS Springfield  
General Home Missouri

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.

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