

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

Do not use this space.

36044

File No. _____
Registered No. 4438
St. _____ Ward)

1. PLACE OF DEATH

County Lachson Registration District No. 399
Township Raw Primary Registration District No. 1002
City R.C. Mo (No. 1628) Penn St. _____ Ward)

2. FULL NAME

Samuel E. Counts
(a) Residence. No. Farmington Mo 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (specify the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 2 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Missouri Ann. Counts

17. I HEREBY CERTIFY, That I attended deceased from Oct-26, 1930, to Nov 2, 1930 that I last saw him alive on Nov 2, 1930, and that death occurred, on the date stated above, at 3 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr-4-1841

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hr. or _____ min.
<u>89</u>	<u>6</u>	<u>28</u>		

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of a Cerebral haemorrhage.

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

CONTRIBUTORY (SECONDARY) Ch. Interstitial Nephritis
duration 1 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

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

10. NAME OF FATHER Nicholas Counts

0 1290
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) C.M. Cunniff M. D.

12. MAIDEN NAME OF MOTHER Patsy Hammon

11-2, 1930 (Address) 1330 Summit

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

*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 Stephens B. Counts
(Address) 4919 Park

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Farmington Mo DATE OF BURIAL Nov. 3 1930

15. FILED 11/2 30 M. M. Crowe REGISTRAR
Assn

20. UNDERTAKER A. P. Washler ADDRESS 1415 E 15

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Mr. Earl 14th Amendment
the Council