

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

Do not use this space.

3919

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 787
Primary Registration District No. 1003

File No.....
Registered No. 1165
St. Ward)

2. FULL NAME

(a) Residence. No. 29 North Court St., 12 Ward.

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

Female White Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 6, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

— 4 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant 1930
(b) General nature of industry, business, or establishment in which employed (or employer) 1930
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Shelley S. Samsbury

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

12. MAIDEN NAME OF MOTHER Elise Nutting

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

14. INFORMANT Shelley S. Samsbury
(Address) 59 North Court

15. FILED 28 Jan 28 1931 W. C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 28 1931

17. No Physician in Attendance
HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

that I last saw h..... alive on....., 19..... and that death occurred, on the date stated above, at..... 7:30 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Strangulation
caused by milk curd
plugging in larynx
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Accident
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1940
NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) J. W. Kemmer M.D.
129, 19 31 Address Dep. Comm.

*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 Bellefontaine DATE OF BURIAL Jan 30 19 31

20. UNDERTAKER Wagoner ADDRESS 3621 Olive

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.

