

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.

WAR 27 1931

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

Do not use this space.

6625

1. PLACE OF DEATH

County Putnam
Township Sherman
City (No. , , ,)

Registration District No. 723
Primary Registration District No. 5454

File No. ~~5174~~
Registered No. ~~23~~
St. _____ Ward _____

2. FULL NAME Samuel Stillman Torrey

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-18-1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 9 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 2

13. NAME Daniel Torrey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME P. Blood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass.

17. INFORMANT But Torrey (ADDRESS) Powersville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. John DATE Feb 26 1931

19. UNDERTAKER F.O. Husted & Son (ADDRESS) Unionville Mo

20. FILED 2-26 1931 E. B. Thompson Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-24 1931

22. I HEREBY CERTIFY That I attended deceased from Sept 10, 1930, to Feb 24, 1931

I last saw him alive on Jan 7, 1931. Death is said

to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
9:25
10:2
J. J. W.
Other contributory causes of importance:
General debility

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Address) _____, M. D.
Seymour, Iowa

