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.

JUL 24 1931

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

Do not use this space.

21013

1. PLACE OF DEATH
County: DeKalb — Registration District No. 259
Township: Dallas — Primary Registration District No. 5367
City: ..... (No. ..... St. ..... Ward)
File No. .....
Registered No. .....

2. FULL NAME: Samuel E. Venrick
(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 90 yrs. 4 mos. 12 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 27 - 1841

7. AGE: Years 90 | Months 4 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer 1
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Rockbridge County
(STATE OR COUNTRY): Virigina

PARENTS
10. NAME OF FATHER: Benjamin Venrick
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Penn
12. MAIDEN NAME OF MOTHER: Apolly Ann Everet
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Virigina

14. INFORMANT: Betty Breckenridge
(Address): Smithville Mo.

15. FILED June 3, 1931 J. 2 Phelps REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 2, 1931

17. I HEREBY CERTIFY, That I attended deceased from May 13, 1931 to June 2, 1931 that I last saw h. alive on May 28, 1931, and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
10 L D
95 A
Heart Block
Short (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Bronchitis
Dont Know (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 106 C
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. F. Hedrick, M. D
, 19 (Address) Weatherby 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: Stewartsville Mo — DATE OF BURIAL: 6/4/31

20. UNDERTAKER: Glenwood Myers — ADDRESS: Maysville Mo