

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

Do not use this space.

7769

1. PLACE OF DEATH
 23 County Clark Registration District No. 190
 1 Township Ringsdorf Primary Registration District No. 413
 6 City Kahoka (No. _____) St. _____ Ward _____

2. FULL NAME Cathryn Johnson Sammers
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8, 1930

7. AGE	YEARS	MONTHS	DAYS	1 If LESS than 1 day, hrs. or min.
	<u>21</u>	<u>3</u>	<u>1</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nursewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Kansas City, Mo.

MOTHER FATHER

13. NAME Alva Johnson

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

15. MAIDEN NAME Edith Hewelbyn

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

17. INFORMANT Anton J. Sammers
(ADDRESS) Chicago Ill.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Kahoka DATE May 12, 1932

19. UNDERTAKER Futting's Undert.
(ADDRESS) Kahoka Mo.

20. FILED Mar 10, 1932 J. B. Bridges
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1931, to Mar 9, 1932

I last saw her alive on Mar 9, 1932 Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:
Subacute Bacterial Endocarditis 56E
11B
11B
71A

Other contributory causes of importance:
Phenmedol from Influenza ①

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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? _____
 If so, specify _____
 (Signed) M. B. Sisson, M. D.
 (Address) Kahoka Mo.

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.

NO. 25 1332

