

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

Do not use this space.

22625

1. PLACE OF DEATH

43 County Henry Registration District No. 1052
 Township Elkton Primary Registration District No. 35-10
 City Elkton (No.) St. Ward (....)

2. FULL NAME

Samuel Adam Street
 (a) Residence, No. Elkton St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. 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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Street

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/17/1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>60</u>		<u>17</u>	

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. self
 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) North Carolina

13. NAME Charles Street

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Sarah Garland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) Elkton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Christ Church DATE July 19 1932

19. UNDERTAKER (ADDRESS) Wheatland Mo.

20. FILED 7/20/1932 H. B. Marshall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 - 1932

22. I HEREBY CERTIFY, That I attended deceased from July 15 1932 to July 17 1932
 I last saw him alive on July 17 1932 Death is said to have occurred on the date stated above, at 10.00 m.
 The principal cause of death and related causes of importance were as follows:

Ruptured Bladder
Ruptured Rt. Kidney
2 1/2 F
2 1/2 M
 Other contributory causes of importance: 101

Name of operation No Date of
 What test confirmed diagnosis? Chymol Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury July 14 1932
 Where did injury occur? Flemington P. O. 6 I
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Farmer - fell from load hay
 Manner of injury while working on open farm
 Nature of injury Fell on rt hip

24. Was disease or injury in any way related to occupation of deceased? yes
 If so, specify fall while working on farm
 (Signed) J. J. Johnston, M. D.
 (Address) Wheatland

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.

AUG 24 1932

10/10/10