

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

Do not use this space.

26808

1. PLACE OF DEATH

County Monroe
Township Madison
City Helleville (No.)

Registration District No. 578
Primary Registration District No. 4740

File No.

Registered No.

2. FULL NAME

Samuel David Overfelt

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Joseph Farrell-Overfelt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/8/1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 82 6 2

8. Trade, profession, or particular kind of work done, as spinning sawyer, bookkeeper, etc. Retired 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) Monroe, La

13. NAME Dave Overfelt

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

15. MAIDEN NAME Eveline Carpenter

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

17. INFORMANT (ADDRESS) Mrs. S. Overfelt

18. BURIAL, CREMATION, OR REINTERMENT PLACE DATE Madison, Mo. Aug 12 1932

19. UNDERTAKER (ADDRESS) Fred A. Thompson

20. FILED 8/12 1932 Jogon Enson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1932

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1932, to Aug 10, 1932
I first saw him alive on Aug 7, 1932 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Senile Dementia and general Debility

Other contributory causes of importance: None

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? 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 2

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

(Signed) A. P. Turner, D. D.

(Address) Madison, Mo.

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.

SEP 24 1932

