

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.

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

Do not use this space.

40741

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1. PLACE OF DEATH

County Moniteau Registration District No. 576
Township Harrison Township Primary Registration District No. 5773
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME Sammie Vernon

(a) Residence, No. California No. St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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) Oct 1st, 1919

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
	<u>13</u>	<u>2</u>	<u>11</u>	

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

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 _____

OCCUPATION

FATHER MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clean, Missouri

13. NAME W. F. Vernon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clean, Missouri

15. MAIDEN NAME Anna McGill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California, Missouri

17. INFORMANT W. F. Vernon (ADDRESS) California, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE High Point Cem DATE Dec. 13th, 1933

19. UNDERTAKER G. N. Steffens (ADDRESS) Russellville, Mo.

20. FILED 1-10- 1933 W. H. G. [Signature] Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1932 to Dec 12 1932

I last saw him alive on Dec 13 1932 Death is said to have occurred on the date stated above, at 11 Am.

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

Acute nephritis

10
130 10

Date of onset about Dec 3

Other contributory causes of importance:

Diphtheria

(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) W. S. Glover M. D.
(Address) Russellville, Mo.

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