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 19 1935

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

Do not use this space.

19246

1. PLACE OF DEATH
County Clinton Registration District No. 204
25 Township Shoal Primary Registration District No. 3013
City Cameron (No. ..... St. ..... Ward)

File No. .....
Registered No. 34

4 2. FULL NAME Samuel S Courtney
(a) Residence, No. West Prospect 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 OF (OR) WIFE OF Martha J Courtney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4 1870

7. AGE YEARS 64 MONTHS 10 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Feed & Coal
10. Date deceased last worked at this occupation (month and year) June 18, 1935
11. Total time (years) spent in this occupation .....

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

FATHER
13. NAME S P Courtney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Catherine Whitchattan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Jas Courtney Cameron Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Packard Cem. DATE June 25, 1935

19. UNDERTAKER (ADDRESS) Moore Funeral Home Cameron Mo

20. FILED 6/25 1935 D. C. Hisley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1935 to June 22, 1935
I last saw him alive on June 22, 1935. Death is said to have occurred on the date stated above, at 8:14 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral	
Hemorrhage	
Apoplexy	

Other contributory causes of importance:

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) Vincil Jones, M. D.
(Address) Cameron Mo