

FEB 29 1936

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

Do not use this space.

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1. PLACE OF DEATH

County Cole
Township
City Jefferson City (No.)

Registration District No. 213
Primary Registration District No. 3014

File No.
Registered No. 12 St. Ward)

2. FULL NAME

Johana Sammie

(a) Residence, No. 1006 Monroe St. Ward.

(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, NOMBERS OF (OR) WIFE OF Jacob Sammie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 7 18

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Honey Creek Mo.

13. NAME B. Kreiger

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Pete Schneider
1006 Monroe City

18. BURIAL, CREMATION, OR REMOVAL PLACE Evangelical Cemetery DATE Jan 17 1936

19. UNDERTAKER (ADDRESS) Beecher Federal Home
City

20. FILED 1/18/36 W. Bradford Mel Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16-1936

22. I HEREBY CERTIFY, That I attended deceased from 1-21-1935 to 1-16-1936

I last saw him alive on 1-14-1936 Death is said

to have occurred on the date stated above, at 8 P.M.

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

arteriosclerosis
Demiplegia Left
Brain hemorrhage

Date of onset 1930
8-21-35
1-10-36

Other contributory causes of importance:

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

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? No.
If so, specify

(Signed) F. W. Gillham M. D.
(Address) Jefferson City Mo.

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WASHINGTON, D. C. 20250

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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Cole Registration District No. 213 File No. _____
 Township _____ Primary Registration District No. 3014 Registered No. 12
 City Jefferson City (No. _____) St. _____ (Ward)

2. FULL NAME

Johanna Lamer (Janer)
 (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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 7 18

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19__

19. UNDERTAKER (ADDRESS)

20. FILED 1/18/1936 W. Bradford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-15-1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Arteriosclerosis
Hemiplegia Left
Broncho Pneumonia
hemiplegia was a sequelae
of cerebral hemorrhage

Other contributory causes of importance:
of cerebral hemorrhage

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

23. If death was due to external cause (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) J. W. Gillham, M. D.
 (Address) Jefferson City Mo.

SUPPLEMENT

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