

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.

JAN 20 1937

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

Do not use this space.

44620-011

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No. _____)

Registration District No. 398
Primary Registration District No. 3019

File No. _____
Registered No. 387
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 615 S Main 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 76 - 25-

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

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) Independence Mo.

13. NAME Moses Sampson

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

15. MAIDEN NAME Elizabeth Larsson

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

17. INFORMANT (ADDRESS) Mr Arthur Metzger 4428 Cass St. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Amone Dec 10 1936

19. UNDERTAKER (ADDRESS) Chas Mitchell Independence Mo.

20. FILED 12-12-1936 J. L. Cook Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26 1935, to Dec 9 1936

I last saw her alive on Dec 9 1936 Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:
Branchio Pneumonia Date of onset 12-1-36

Other contributory causes of importance:
Had cerebral thrombosis 1934 & was a hemiplegic 2 bed fast

Name of operation none Date of _____

What test confirmed diagnosis? Cluesal 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? NO

If so, specify _____ (Signed) W. Haller M. D.

(Address) Independence Mo.

