

SEP 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Laclede Registration District No. 453
Township Gasconade Primary Registration District No. 5619
City Winnipeg (No. St. Ward)

File No. 31052
Registered No. 20

2. FULL NAME

Joseph Herman Samkins
(a) Residence, No. Winnipeg Mo. 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 Minnie Samkins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1880
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 3 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Renter
10. Date deceased last worked at this occupation (month and year) May 19, 36 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana13. NAME James Samkins14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana15. MAIDEN NAME Susan Gimpson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana17. INFORMANT Mrs. Susan Samkins
(ADDRESS) Winnipeg Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Winnipeg Mo. DATE 8/31 193719. UNDERTAKER W. E. Holman
(ADDRESS) Winnipeg Mo.20. FILED Aug. 31, 1937 E. R. Nelson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 30, 193722. I HEREBY CERTIFY, That I attended deceased from Aug-27th, 1937, to Aug-27th, 1937.I last saw him alive on Aug-27th, 1937. Death is said to have occurred on the date stated above, at 5:45 A. m.

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

Cerebral Hemorrhage Date of onsetOther contributory causes of importance: 82nd

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 _____, 1937

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) Robert G. Talley, M. D.(Address) Plato, 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.

