

OCT 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Callaway
Township Fulton
City Fulton (No.)

Registration District No. 104
Primary Registration District No. 163008

File No. 33829
Registered No. 221
St. Ward

2. FULL NAME

Sam Deakam

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

Length of residence in city or town where death occurred 0 yrs. 0 mos. 4 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) single

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

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

7. AGE YEARS 86 MONTHS ? DAYS ? If LESS than 1 day, hra. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D.K.

10. Date deceased last worked at this occupation (month and year) D.K. 11. Total time (years) spent in this occupation DK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

13. NAME D.K.

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

15. MAIDEN NAME D.K.

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

17. INFORMANT (ADDRESS) State Hospital Friends Fulton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kimberville, Mo DATE Sept 20, 1937

19. UNDERTAKER (ADDRESS) Don L. Wallace Fulton, Mo

20. FILED Sept 20 1937 R. M. Crews Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1937, to Sept 15, 1937
I last saw him alive on Sept 15, 1937. Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:
Chronic Myocardial Failure
myocardial degeneration Date of onset D.K.

Other contributory causes of importance:
Bronchial Pneumonia
Senility 9/13/37

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? NO Date of injury non-f
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) Jack P. Threlley M. D.
Fulton, Mo. (Address)

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.

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