

JAN 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cooper Registration District No. 27  
Township New Lebanon Primary Registration District No. 5300  
City Pleasant Green, Mo. - R.F.D. St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 45184

2. FULL NAME

John Samer

(a) Residence, No. Pleasant Green Mo. - R.F.D. Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred 15 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 Lillie Samer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. - 28 - 1882

7. AGE YEARS 55 MONTHS 1 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

10. Date deceased last worked at this occupation (month and year) Nov 29 - 1937 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Grove Missouri

13. NAME Antone Samer

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

15. MAIDEN NAME Anna Glase

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

17. INFORMANT (ADDRESS) Mrs. Lillie Samer Pleasant Green, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Green Mo. DATE 12-2 1937

19. UNDERTAKER (ADDRESS) Hays & Stecklein Gilbert Crangy Mo

20. FILED 12 1938 Reilly, Fogle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/29 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-29 1937, to 11-29 1937

I last saw him after death 1937. Death is said to have occurred on the date stated above, at 10.15 m.

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

apoplexy

Date of occ. 11-29-37

Other contributory causes of importance: St. I

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

28. 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) Reilly, Fogle \_\_\_\_\_, M. D.  
(Address) Wesmoreland 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.

