

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

Do not use this space.

1. PLACE OF DEATH

County Lewis Registration District No. 478
 Township Highland Primary Registration District No. 3642
 City (No.) St. Ward)

File No. 3298
 Registered No. 2

2. FULL NAME Margaret Cecelia Samuel 540

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Lawrence Lee Samuel.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1892.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
45 10 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) Lewistown, Missouri

13. NAME Edward J Wall

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

15. MAIDEN NAME Catherine Barrett.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vicksburg, Miss.

17. INFORMANT (ADDRESS) L. H. Samuel
Ewing, Missouri.

18. BURIAL, CREMATION, OR REMOVAL Queen Of Peace, Ewing, Mo. DATE Jan. 25, 1938

19. UNDERTAKER (ADDRESS) James A. Coker
Lewistown, Missouri

20. FILED Jan 25 - 1938 Anna K. Ball
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 27, 1938

I HEREBY CERTIFY that I attended deceased from January 27, 1938, to January 27, 1938
 I last saw her alive on January 27, 1938. Death is said to have occurred on the date stated above, at 11:40 a.m.

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

Cerebral Hemorrhage Date of onset 1/27/38

Other contributory causes of importance: Chronic Nephritis 1930

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 3 R.O.
 (Signed) Markel M.D.
 (Address) Ewing, 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.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH.