

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

Do not use this space.

REC'D NOV 21 1938

35766

1. PLACE OF DEATH
39 County *Greene*
Township *Washington*
City *Rogersville, Mo.*

Registration District No. *321*
Primary Registration District No. *5445*

File No. *35766*
Registered No. *63*
St. _____ Ward _____

2. FULL NAME *Samuel Jasper Clines*

(a) Residence, No. *Rogersville, Mo.* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male*
4. COLOR OR RACE *White*
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Delpha*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug. 10, 1864*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 8, 1938*
22. I HEREBY CERTIFY, that I attended deceased from *May 27, 1938* to *July 8, 1938*
I last saw him alive on *July 4, 1938*. Death is said to have occurred on the date stated above, at *8:00 A.M.*

7. AGE YEARS *73* MONTHS *10* DAYS *28* If LESS than 1 day, _____ hrs. or _____ min.
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. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

The principal cause of death and related causes of importance were as follows:
Epilepticonia
Synerma Struck
Date of onset *3 years*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tennessee*
13. NAME *Clines*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
15. MAIDEN NAME *Lea*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Other contributory causes of importance:
46
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

17. INFORMANT *Sherman Clines* (ADDRESS) *Rogersville Mo.*
18. BURIAL, CREMATION, OR REMOVAL PLACE *Palmetto Cem.* DATE *July 10, 1938*
19. UNDERTAKER *Kelley and Ferrell* (ADDRESS) *Rogersville Mo.*
20. FILED *Nov. 8, 1938* Mrs. *Pearl Hughes Mitch* Registrar.

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? _____
If so, specify _____
(Signed) *S. C. Haire*, M. D.
(Address) *Rogersville 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.

