MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

20M-2-19-36 I X7294

REC'D APR 18 1939

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

Do not use this space.

1. PLACE OF DEATH

County Vernon — Registration District No. 875 — File No. 12619

Township — Primary Registration District No. 3039 — Registered No. 89

City Nevada (No. Nevada Hospital St. Ward)

2. FULL NAME Sam W. Palmer

(a) Residence, No. 327 N. Clay St. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	white	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18th, 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	48	3	7	

OCCUPATION

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

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) Strawn Texas

FATHER

13. NAME Sam W. Palmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn

MOTHER

15. MAIDEN NAME Mollie York

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT (ADDRESS) Mrs. Katherine Palmer Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Newton B. Park DATE Mar 27th, 1939

19. UNDERTAKER (ADDRESS) Eichinger Funeral Home Nevada, Mo.

20. FILED 3-28, 1939 Allen O. Loys Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from May, 1938, to Mar 25, 1939

I last saw him alive on Mar 25, 1939. Death is said to have occurred on the date stated above, at 2:20 P.m.

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

Cardiac decompensation

Date of onset

Other contributory causes of importance:

Coronary thrombosis and myocardosis

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 .....

(Signed) F. A. Martin, M. D.

(Address) Nevada, Mo.

RECEIVED
District Health Officer No. 7
District File Number 2-39-648
Date Filed 4-17-39