

REC'D MAY 11 1939

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

14880
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 316
(b) Township _____ Primary Registration District No. 2001 Registered No. 312
(c) City or SPRINGFIELD (d) Street No. 1868 A. N. Lyon St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 3 mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME WELDON ALVA SAMS

(a) Residence, No. Marshfield, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Hazel Sams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ 25 11 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Monument Dealer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alva Oklahoma

FATHER 13. NAME Elza J. Sams

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

MOTHER 15. MAIDEN NAME Rosa Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mattoon Ill.

17. INFORMANT (ADDRESS) Mrs. Elva Sams 1868 A. N. Lyon

18. BURIAL, CREMATION, OR REMOVAL PLACE Cast down DATE April 17, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. G. Chicago Springfield Mo.

20. FILED Apr 14 1939 Chas H. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 12th 39, to Apr 13 39
I last saw h. IM alive on Apr 12 1939. Death is said to have occurred on the date stated above, at 10:30 Am.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
& Valvular Heart Disease

Date of onset 1937
1937

Other contributory causes of importance: 1/2

Name of operation Neph Date of _____
What test confirmed diagnosis? Phos 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) Chas H. George, M. D.

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.

39
3
6

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Ralph Thieme

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Ralph Thieme

Licensed Embalmer No. *3681*

P. O. Address *Springfield, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

X