

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.

1940

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

Do not use this space.

42913

1. PLACE OF DEATH

County Calderwell Registration District No. 99
Township great Primary Registration District No. 5726
City (No. 253)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Samuel Mc Intosh

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mphalia Jane Crow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 3 19

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30, 1939
22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1939, to Dec. 30, 1939
I last saw him alive on Dec. 30, 1939. Death is said to have occurred on the date stated above, at 9:40 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Hypertrophic Prostatitis Date of onset year 30
Chronic Cystitis 127 3 mos.
Other contributory causes of importance:
Generalized arteriosclerosis year 30
Senility

OCCUPATION
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 entire life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Estill County Kentucky
MOTHER FATHER
13. NAME Marshall Mc Intosh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
15. MAIDEN NAME Elvina Wiseman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
17. INFORMANT (ADDRESS) Howard Mc Intosh
Palo Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Labone DATE Jan 2 1940
19. UNDERTAKER (ADDRESS) F. G. Bond
Shubertsville Mo.
20. FILED Jan 2 1940 Mrs. Wylie Thompson
Registrar.

Name of operation none 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) J. I. Goldberg, M. D.
103 (Address) Palo, Mo.

RECEIVED

District Health Officer, Room 1126

District File Number

140-1856

Date Filed

JAN 10 1940