

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

Do not use this space.

36702

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton (No.)

Registration District No. 347
Primary Registration District No. 3018

File No.
Registered No. 141 ...
St. Ward)

2. FULL NAME

Samantha Vida Major

(a) Residence. No. 701 E Franklin 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

Chas M Major

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

Oct 26 1854

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>74</u>	<u>1</u>	<u>3</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Bryan Ohio

10. NAME OF FATHER

George Arnold

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

France

12. MAIDEN NAME OF MOTHER

Catherine Don't

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

France

14.

INFORMANT Carl Major
(Address) Clinton Mo

FILED Nov. 30 1928 Dr. E. C. Peeler REGISTRAR
per J.S.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 29 1928

17. I HEREBY CERTIFY That I attended deceased from Nov. 13 1928, to Nov. 29 1928 that I last saw h. l. u. alive on Nov. 28 1928, and that death occurred, on the date stated above, at 11:55 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralytic Hemiplegia
87 B
84 B

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? no, DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. H. Wallis, M. D.

, 19 (Address) Clinton Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **DATE OF BURIAL**

Englewood Cemetery 12/1 1928

20. UNDERTAKER

Spore + Son

ADDRESS

Clinton 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.

