

Apr. 18 1936

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

Do not use this space.

10323

1. PLACE OF DEATH

County Henry
Township Springfield
City (No.) St. Ward)

Registration District No. 349
Primary Registration District No. 5-3-00

File No.
Registered No. 8

2. FULL NAME

Samuel Stanley George
(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 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 6 —

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County Mo

MOTHER 13. NAME Joseph George

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County Mo

15. MAIDEN NAME Eckel, Dayton

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

17. INFORMANT (ADDRESS) L. H. Morland, Calhoun Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Olivet DATE Mar 25 1936

19. UNDERTAKER (ADDRESS) J. A. Housey, Calhoun Mo

20. FILED 3-25 1936 Mrs. A. A. Gray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-24 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/18, 1936, to 3/24, 1936

I last saw him alive on 3/24 1936 Death is said to have occurred on the date stated above, at 7:30 A.M.

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

Broncho-Pneumonia Date of onset 3-20
Influenza 3/18

Other contributory causes of importance: MI

Name of operation None Date of

What test confirmed diagnosis Cholera 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) E. C. Peck, M. D.

(Address) Calhoun 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.

DEC 10 1953