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

Do not use this space.

5330

1. PLACE OF DEATH
County Andrew Registration District No. 16 File No.
Township Rochester Primary Registration District No. 5029 Registered No. 5
City (No. Andrew County Infirmary Ward)

2. FULL NAME Samuel Christy

(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 6 yrs. 5 mos. 16 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	Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 5 - 1833

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	95	3	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ireland

14. INFORMANT Fred W. Ford
(Address) Savannah Mo. R 6

15. FILED 2/28, 1929 Mrs Bettie Burgess
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 27. 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1929, to Feb 27, 1929, that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 2:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Thrombosis

(duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 10 yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) O. D. Wilson, M. D
2/28, 1929 (Address) Rosendale 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 Union Star Cemetery — DATE OF BURIAL Mar. 1 1929

20. UNDERTAKER O. D. Wilson — ADDRESS King City 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.

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