

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

Do not use this space.

28919

File No. King 199
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
County Vernon Registration District No. 875
Township Center Primary Registration District No. 3039
City Nevada (No. _____)

2. FULL NAME Samuel Wiley Palmer
(a) Residence. No. 802 W. Walnut St. Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mollie Palmer</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec. 7 1856</u>		
7. AGE <u>73</u>	YEARS <u>8</u>	MONTHS <u>23</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Merchant</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>General</u> (c) Name of employer _____		

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

PARENTS	10. NAME OF FATHER <u>William Palmer</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Knowlton</u> (STATE OR COUNTRY) <u>Tenn</u>
	12. MAIDEN NAME OF MOTHER <u>Marina Lockmiller</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Princeton</u> (STATE OR COUNTRY) <u>Tenn</u>	

14. INFORMANT Mollie Palmer
(Address) Nevada Mo

15. FILED 9/10/30 E. R. King
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 11, 1930
17. I HEREBY CERTIFY, That I attended deceased from May 30, 1930 to Aug. 11, 1930
that I last saw him alive on Aug. 11, 1930 and that death occurred, on the date stated above, at 12:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Primary carcinoma of Liver
41-72 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Hypertension
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? CR King
(Signed) _____, M. D.
1930 (Address) Newark, 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 Deerfield Mo DATE OF BURIAL 8/8/1930

20. UNDERTAKER Fern Funeral Home Nevada Mo
ADDRESS _____

RECORDS - 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.

1930

MAR 13 1956