

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

Do not use this space.

35890

1. PLACE OF DEATH

County Buchanan Registration District No. 81
 Township..... Primary Registration District No. 4049
 City De Kalb (No. DeKalb, Missouri) St. Ward.....

2. FULL NAME Samuel M. Judah

(a) Residence, No. DeKalb, MO St. Ward.....
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1863

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
70	4	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mayer, DeKalb, MO Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) November 1918 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) Unknown, Kansas
 (STATE OR COUNTRY)

MOTHER FATHER 13. NAME Levi Judah

14. BIRTHPLACE (CITY OR TOWN) Unknown, Kentucky
 (STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Kearby

MOTHER FATHER 16. BIRTHPLACE (CITY OR TOWN) Unknown, Kentucky
 (STATE OR COUNTRY)

17. INFORMANT Mrs Samuel M Judah
 (ADDRESS) DeKalb, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE DeKalb, MO DATE Dec 1st, 1935

19. UNDERTAKER Heaton B. Gole & Bowman
 (ADDRESS) St. Joseph, MO - General Home

20. FILED Nov 30, 1935 W. M. Adams
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29, 1935

22. HEREBY CERTIFY, that I attended deceased from did not attend him, 19...
 I last saw him did not see him alive Death is said to have occurred on the date stated above, at 5:30 am.

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

Organic heart disease Date of onset

95R
 Other contributory causes of importance:

Name of operation none Date of.....
 What test confirmed diagnosis? History 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. W. M. Adams, M. D.
 (Address) DeKalb MO

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

REPORT NO.

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