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CERTIFICATE OF DEATH
Oklahoma State Board of Health

270 BUREAU OF VITAL STATISTICS
Oklahoma City, Okla.

Register No. 36,041

1. PLACE OF DEATH
County Oklahoma
Township _____
or
Village _____

Registration
Dist. No. 55250
Primary
Dist. No. _____

City Oklahoma City of Polyclinic Hospital
No. _____ Street _____ Ward _____
(If death occurred in a hospital or institution give the name instead of street and number. If an industrial camp, the name of the camp to be given.)
2. FULL NAME of decedent, if an unnamed child, the surname, preceded by "unnamed" Samantha Yardman 635

PERSONAL AND STATISTICAL PARTICULARS

3. Sex F
4. Color or Race as white, or black, or other, or negr, or Chinese, Japanese or other White
5. Single, Married, Widowed, Divorced Widowed
Write the Word _____

6. DATE BIRTH March 11 1854
(Month) (Day) (Year)

7. AGE. 78 yrs. 8 mos. 6 days
If less than one day _____ hrs. or _____ mins.

8. OCCUPATION
(a) Trade profession or particular kind of work Patrol
(b) General nature of industry, business establishment in which employed (or employer)

9. BIRTH PLACE Indiana
At least state or foreign country if known.

10. NAME OF FATHER John Cram

11. BIRTHPLACE OF FATHER Ohio
At least state or foreign country if known.

12. MAIDEN NAME OF MOTHER Harriet Sward

13. BIRTHPLACE OF MOTHER D.K.
At least state or foreign country if known.

14. The above is true to the best of my knowledge.
Informant John Yardman
Address R.F.D. #1 - Norman

15. Filed Sept 19 1932
Det. Wenter Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 16 1932
(Month) (Day) (Year)

17. I HEREBY CERTIFY that I attended deceased, From Nov 24, 1932 to Dec 16, 1932 that I saw her alive on Dec 16, 1932 and that death occurred on the date stated above at 10 P.m.

THE CAUSE OF DEATH, "Was as follows:
3 Pneumonia Hyperstatic
3 ribs following fracture
hip (Duration) _____ yrs. _____ mos. _____ days
Contributor 18 1/2 (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ days

(Signed) Martin E Stout M.D.
Dec 20, 1932 (Address) Oklahoma City

*State the disease causing death, or in deaths from violent causes; state (1) means of injury, and (2) whether accidental, homicidal, state whether attributed to dangerous sanitary conditions of employment.

18. LENGTH OF RESIDENCE (for Hospitals, institutions, transient or recent Residents) fall on steps at home
At place of death _____ yrs. _____ mos. _____ days

In the State _____ yrs. _____ mos. Route #1
Where was disease contracted _____ at a place of death
Former or usual residence Norman, Okla.

19. PLACE OF BURIAL Harman, Okla
Harman Cemetery Date of Burial 12/16-1932

20. UNDERTAKER Meyer & Meyer
Address Norman



State Department of Health

ROGER C. PIRRONG

State of Oklahoma

CERTIFIED COPY MUST HAVE EMBOSSED SEAL

STATE REGISTRAR OF VITAL STATISTICS

OKLAHOMA CITY, OKLAHOMA 73152

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

AUG. 12. 1980

Roger C. Pirrong
STATE REGISTRAR