JUN 7 1928

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

Do not use this space.

13992

1. PLACE OF DEATH
County: Macon
Registration District No. 528
Township:
Primary Registration District No. 4314
City: Callao Mo (No. ..... St. ..... Ward)

File No.
Registered No.

2. FULL NAME: Elizabeth Sampson

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF: Elmer C. Sampson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 26 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	4	29	

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

9. BIRTHPLACE (CITY OR TOWN):
(STATE OR COUNTRY): Kentucky

PARENTS

10. NAME OF FATHER: John Gentle
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Nancy J. Hiott
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Kentucky

14. INFORMANT: Mrs. Chas. Gilstrap
(Address): Callao Mo

15. FILED 4/16 1928. W. A. Welch M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 15 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1928, to March 10, 1928, that I last saw h. on alive on March 10, 1928, and that death occurred, on the date stated above, at 7:5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chron Nephritis

131 (duration) — yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) NO

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

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Phys & Exam

(Signed) W. A. Welch, M. D

4/16, 1928 (Address) Callao 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: Callao Mo — DATE OF BURIAL: 4/17 1928

20. UNDERTAKER: J. G. Edwards — ADDRESS: Bevier Mo

N. B.—Every item of information should be carefully supplied. AGE should be given in years. If less than 1 year, give months; if less than 1 month, give days. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.