

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

Do not use this space.

27581

**1. PLACE OF DEATH**

County Jasper  
Township Delaware  
City Carl Junction (No. ....)

Registration District No. 406  
Primary Registration District No. 4240

File No. ....  
Registered No. 14  
St. .... Ward)

**2. FULL NAME**

Peter Law Sample

(a) Residence. No. .... St. 1st Ward.

(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 9 yrs. — mos. — da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF Agnes Darryl Sample  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 22 - 1897

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<u>30</u>	<u>10</u>	<u>21</u>	<u>—</u>

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Powder Shell packer  
(b) General nature of industry, business, or establishment in which employed (or employer) Mfg. dynamite  
(c) Name of employer Du Pont Powder Co.

9. BIRTHPLACE (CITY OR TOWN) Rahway  
(STATE OR COUNTRY) New Jersey

10. NAME OF FATHER Sample

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Scotland  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Barbara

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Scotland  
(STATE OR COUNTRY)

14. INFORMANT Agnes Sample  
(Address) Carl Junction - Mo.

15. FILED 8/15, 1928 Carl Roney  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 13 1928

17. I HEREBY CERTIFY, That I attended deceased from .....  
that I last saw him live on Aug 13, 1928, and that death occurred, on the date stated above, at 8:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Coronary thrombosis

CONTRIBUTORY (SECONDARY) 92  
(duration) .... yrs. .... mos. .... da.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) R. M. Stormont, M. D.  
8/15, 1928 (Address) Hobbyly Crown

\*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 Carl Junction Mo DATE OF BURIAL Aug 16 1928

20. UNDERTAKER Carl Roney ADDRESS Carl Junction Mo.

PERMANENT RECORD.

SEP 28 1928  
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.

Al B. White

August 16, 73

Travis

Travis