

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

Do not use this space.

15975

1. PLACE OF DEATH

County Jackson Registration District No. 398 File No. _____
 Township Blaine Primary Registration District No. 3019 Registered No. 183
 City Independence (No. _____) St. _____ Ward _____

2. FULL NAME

Porter Henry Sampson
 (a) Residence. No. 615 S. Main St. 3rd 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 7th 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 9 23

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Owner Bill Posting Plant
 (b) General nature of industry, business, or establishment in which employed (or employer) Exploitation
 (c) Name of employer Sells

9. BIRTHPLACE (CITY OR TOWN) Independence, Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Moses Sampson
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Elizabeth Lazarus
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) London
 (STATE OR COUNTRY) England

14. INFORMANT Arthur Metzger
 (Address) 115 E. Pacific Indyp. Mo.

15. FILED 6-2-1930 3rd East REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/27 1930
 17. I HEREBY CERTIFY, that I attended deceased from _____
 _____, 19____, to _____, 19____
 that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Fracture
Fracture of foot
vertebra
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) Perlongable
Injury by Home Strain
615 S. Main (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 8 DID AN OPERATION PRECEDE DEATH _____ DATE OF _____
 WAS THERE AN AUTOPSY _____
 WHAT TESTS CONFIRMED DIAGNOSIS _____
 (Signed) E. H. Hines, M. D.

State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL. Woodlawn Cem DATE OF BURIAL June 19th 1930

20. UNDERTAKER OTT & Mitchell ADDRESS Indyp. 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.

JUN 25 1930

