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

Do not use this space.

18808

JUL 21 1930

1. PLACE OF DEATH
County Callaway,
Township Round Prairie,
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 104
Primary Registration District No. 3166

File No. .....
Registered No. 134

2. FULL NAME Eveline 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Will Sampson,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep-18th, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	63	8	27	

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

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

PARENTS

10. NAME OF FATHER Jerry Neill,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo,
12. MAIDEN NAME OF MOTHER Louisa Douglass,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky,

14. INFORMANT Mrs, Allen Delaney,
(Address) Hammnibal, Mo,

15. FILED 6-16, 1930 R. N. Crews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15, 1930

17. I HEREBY CERTIFY, That I attended deceased from June 8th, 1930, to June 15th, 1930, that I last saw her alive on June 15th, 1930, and that death occurred, on the date stated above, at 9, P, M, m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy, following severe shock, suddenly informed of sons death by drowning.

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) .....
(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? P.E.
(Signed) Greene D. McCall, M.D
, 19 (Address) Fulton 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	DATE OF BURIAL
Carrington, Mo, y,	6-17-30 19

20. UNDERTAKER	ADDRESS
Herndon-Taylor Furn-Co,	Fulton, Mo

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.