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

Do not use this space.

23520

File No.

Registered No. 11

1. PLACE OF DEATH
County: Macon
Township: La Plata
City: La Plata (No. ..., St. ..., Ward)
Registration District No. 532
Primary Registration District No. 4318

2. FULL NAME: Surilda 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.

AUG 26 1930

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	W	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Bid Sampson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 12 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	69	6	20	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Adair Co Mo

PARENTS
10. NAME OF FATHER: Geo Meeks
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Adair Co Mo
12. MAIDEN NAME OF MOTHER: Sefritha Cunningham
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Adair Co Mo

14. INFORMANT: Roy Sampson
(Address): La Plata Mo

15. FILED 7/2 1930 C. H. Buckley, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 2 1930

17. I HEREBY CERTIFY, That I attended deceased from July 2, 1930, to July 2, 1930, that I last saw h. alive on never, 1930, and that death occurred, on the date stated above, at 1:A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy
82A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None
(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: Sup. Exam.

(Signed) Kaufler Coroner M.D.
July 2. 1930 (Address) Cedar

*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: La Plata Cemetary — DATE OF BURIAL: July 3 1930

20. UNDERTAKER: D S Christie — ADDRESS: La Plata Mo