

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

Do not use this space.

20672
690

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph, (No. Missouri Methodist Hospital St. _____ Ward)

2. FULL NAME Frankie Ellen Sampson,
 (a) Residence, No. _____ St. _____ Ward Adrian, Missouri,
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Floyd B. Sampson,</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb'y. 23, 1894</u>				
7. AGE	YEARS <u>37</u>	MONTHS <u>4</u>	DAYS <u>5</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework,</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own Home,</u>			
	10. Date deceased last worked at this occupation (month and year) <u>June 1931</u>			
11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mound City, Missouri,</u>				
FATHER	13. NAME <u>Wilburn E. McCann,</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Senora, Iowa,</u>			
	15. MAIDEN NAME <u>Mary Ellen Finical</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Forest City, Missouri,</u>			
	17. INFORMANT <u>Floyd B. Sampson</u> (ADDRESS) <u>Adrian, Missouri,</u>			
18. BURIAL, CREMATION, OR REMOVAL <u>Memorial Park Cemetery</u> DATE <u>June 30, 1931</u>				
19. UNDERTAKER <u>Hester - DeGale & Bowman</u> (ADDRESS) <u>319 S. 10th St. General Store</u>				
20. FILED <u>6-30</u> 19 <u>31</u> <u>John P. Bender</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1931, to June 28, 1931.
 I last saw her alive on June 27, 1931. Death is said to have occurred on the date stated above, at 6:25 a.m.
 The principal cause of death and related causes of importance were as follows:
Ruptured gangrenous appendicitis Date of onset June 29, 1931
12/1 12/1
12/9
 Other contributory causes of importance:
general peritonitis June 29, 1931

Name of operation appendectomy Date of 6/23/31
 What test confirmed diagnosis? postm. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) H. T. Thompson M. D.
 (Address) 225 Charles St. Joseph, 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.

JUL 22 1931

FEB 20 1947

FEB 26 1947

TO: [Illegible]

CARD NO. [Illegible]

LOWE
ADDRESS

[Illegible]