

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 24 1932

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

Do not use this space.

16922

1. PLACE OF DEATH
 72 County New Madrid Registration District No. 1133
 1 Township Forest Primary Registration District No. 4587
 1 City Camden (No.) St. Ward (No.)

2. FULL NAME Chester Arthur Sample
 (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 7 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 Child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF White H
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1925
 7. AGE YEARS 7 MONTHS NO DAYS 6 LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo
 13. NAME Ezra Sample
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Commerce Mo
 15. MAIDEN NAME Vivian Chapman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bentley Mo
 17. INFORMANT Ezra Jones (ADDRESS) Camden Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Shelton Mo DATE June 1 1932
 19. UNDERTAKER John Albritton (ADDRESS) Shelton Mo
 20. FILED May 31 1932 Jas D Kochel Registrar.

MEDICAL CERTIFICATE OF DEATH

2. 2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21 1932
 22. I HEREBY CERTIFY That I attended deceased from May 17 1932 to May 27 1932
 I last saw him alive on May 27 1932 Death is said to have occurred on the date stated above, at 6:15 am.
 The principal cause of death and related causes of importance were as follows:
Colitis
1208 1210 (Date of onset)
 Other contributory causes of importance:
Syncope
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?
 23. If death was due to external causes (violence), fill in also the following:
 accident, suicide, or homicide? 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
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Yes
 (Signed) W E Russell M. D.
 (Address) Camden Mo

