

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

Do not use this space.

31476

1. PLACE OF DEATH

County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph. (No. St. Joseph's Hospital.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 977

2. FULL NAME Dr. Benjamin Franklin Sampson.

(a) Residence, No. 1506 South 30th Street. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19, 1869

7. AGE YEARS 63 MONTHS 6 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 213

10. Date deceased last worked at this occupation (month and year) September 1932 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) De Kalb (STATE OR COUNTRY) Missouri

13. NAME Benjamin Sampson

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Eliza Jane Ewell

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Indiana

17. INFORMANT Jessie E Sampson (ADDRESS) 1506 so 30 street St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cem. PLACE St Joseph Mo. DATE Oct. 10 1932

19. UNDERTAKER W.O. Schubert (ADDRESS) 1802 Union st St Joseph Mo.

20. FILED OCT 7 1932 John C Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 26<sup>th</sup> 1932 to Oct 6<sup>th</sup> 1932  
I last saw him alive on Oct. 6<sup>th</sup> 1932 Death is said to have occurred on the date stated above, at 4:55A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage. Date of onset 9/26/32  
82A  
97 J. J. W.  
Other contributory causes of importance: Astero-sclerosis ①

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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? No

If so, specify \_\_\_\_\_

(Signed) H. S. Borggrave M. D.  
(Address) 426 North 1st St. St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

NOV 21 1932

V. S. NO. 2

