

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

Do not use this space.

32799

1. PLACE OF DEATH

56 County Lewis Registration District No. 483
Township Redgate Primary Registration District No. 4292
City Williamstown No. _____ St. _____ Ward _____

2. FULL NAME

(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 <u>Male</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>Mattie Schrader</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 15-1869</u>		
7. AGE	YEARS	MONTHS
	<u>63</u>	<u>2</u>
		DAYS
		<u>12</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>Farmer</u>	
	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) <u>Excelsior Springs Mo</u>		
FATHER	13. NAME <u>John Samples</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Mattie Moore</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT <u>Mrs. Charles Samples</u> (ADDRESS) <u>Williamstown Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Providence</u> DATE <u>Oct. 29 1932</u>		
19. UNDERTAKER <u>F. D. Kelly</u> (ADDRESS) <u>Williamstown Mo</u>		
20. FILED <u>Oct 31 1932</u> <u>W. B. Eyer</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1932 to Oct 27 1932
I last saw him alive on Oct 27 1932 Death is said to have occurred on the date stated above, at 10:00 a.m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Carcinoma of stomach
H103
718
46-15
Other contributory causes of importance:
anna
(3)

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 _____
(Signed) W. C. B. Todd
(Address) Williamstown 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. NOV 25 1932

WRITE PLAINLY, WITH WRITING INSTRUMENTS IS A PERMANENT RECORD

