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

Do not use this space.

19663

File No.

Registered No. 2372

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 6224 Dauphin St. Ward)

Registration District No. 300
Primary Registration District No. 1002

2. FULL NAME Judge F. Samples
(a) Residence, No. 6224 Dauphin 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Goldie Samples

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 25, 1861

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
71	5	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Tennessee

FATHER
13. NAME Richard Samples
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Mary Snow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Mrs. Goldie Samples
(ADDRESS) 6224 Dauphin

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Pittsburg, Mo DATE June 5, 1933

19. UNDERTAKER Stuber & McCrave
(ADDRESS) 3235 Michigan Blvd

20. FILED 6-6, 1933 M. M. Crave
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1933 to June 3, 1933
I last saw him alive on June 3, 1933 death is said to have occurred on the date stated above, at 9 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency with dyspnea, edema, ascites and cyanosis	
9213	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

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) James O. Brown, M. D.
(Address) 6241 E 15th St.

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.

Dr. J. G. Brown
6241 East 15th Street