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 21 1934

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

Do not use this space.

File No. 12497

Registered No. 26

1. PLACE OF DEATH

County: Gentry Registration District No. 309

Township: Athens Primary Registration District No. 5427

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Thomas Lewis Sampson

(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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nancie Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 21 - 1856

7. AGE: YEARS 78 | MONTHS 1 | DAYS 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hay feed + corn Raiser

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): Gentry Co. Mo.

FATHER

13. NAME: Willis B. Sampson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind

MOTHER

15. MAIDEN NAME: Mary Jane Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virg.

17. INFORMANT (ADDRESS): Geo. Sampson Albany Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Hinton DATE: April 18, 1934

19. UNDERTAKER (ADDRESS): A. T. Barr Albany Mo.

20. FILED: May 11, 1934 W. T. Mattix, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 17, 1934

22. I HEREBY CERTIFY, that I attended deceased from March 25th, 1934, to April 17th, 1934

I last saw him alive on April 4th, 1934. Death is said to have occurred on the date stated above, at ..... m.

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

	Date of onset
Cerebral Hemorrhage	March 25th
(Uremic Poisoning)	

Other contributory causes of importance:

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. S. Campbell, M. D.

(Address) Albany Mo

Dr Campbell