

MAY 25 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County St. LouisRegistration District No. 333Township Ferguson TownPrimary Registration District No. 4468City St. Louis, Mo(No. Graham Road)File No. 14058Registered No. 82 St. \_\_\_\_\_ Ward)

## 2. FULL NAME

George A. Sams(a) Residence, No. Graham Rd. Mursrad, Mo. Ward. \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. IF MARRIED, WIDOWED, OR DIVORCED <u>HUSBAND OF</u> (OR) WIFE OF <u>Regina Sams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 28 - 1870</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>1</u>
	DAYS <u>9</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>Switch man</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Terminal Railroad</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Kentucky</u>	
	13. NAME <u>Henry Sams</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Kentucky</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Kentucky</u>	
17. INFORMANT <u>Regina Sams</u> (ADDRESS) <u>Mursrad, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>Apr 12</u> , 19 <u>34</u>		
19. UNDERTAKER: <u>L. B. James</u> (ADDRESS) <u>6107 Central Bridge Rd</u>		
20. FILED <u>Apr 10</u> , 19 <u>34</u> <u>H. C. Jettler</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 9 - 1934

22. I HEREBY CERTIFY, That I attended deceased from 4 - 9 - 1934, to 4 - 9 - 1934.  
I last saw him alive on 4 - 9 - 1934. Death is said to have occurred on the date stated above, at 2 P. m.  
The principal cause of death and related causes of importance were as follows:  
Apoplexy (cerebral) Date of onset 4-9-34  
Basilar artery  
arteriosclerosis 1930

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Chemical 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? No.  
If so, specify \_\_\_\_\_  
(Signed) Roy Johnson, M. D.  
(Address) \_\_\_\_\_ 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.

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