

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **4064^a Labadie**) St. Ward.....

File No. **26755**
 Registered No. **6949**
 St. Ward.....

2. FULL NAME

Ora Trigg Samson
 (a) Residence, No. **4064^a Labadie** St. **10** 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 **Female** 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 **Wm. G. Samson**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 27 - 1872**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	62	5	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **at home**
 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) **St. Louis Mo.**

13. NAME **W. Trigg**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bradford England**

15. MAIDEN NAME **Mary Bosse**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

17. INFORMANT (ADDRESS) **Mrs Edith Von Stein 4064^a Labadie**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Walhalla Cem.** DATE **7-16-34**

19. UNDERTAKER (ADDRESS) **C. R. Lupton & Sons 4449 Olive**

20. FILED **7-16** 19**34** **F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 14** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from **April 1** 19**34**, to **July 14** 19**34**

I last saw her alive on **July 13** 19**34** 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:

46F Date of onset

Carcinoma - liver **Jan 9 34**

Other contributory causes of importance: **46**

Name of operation **none** Date of.....

What test confirmed diagnosis? **Clonus** 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) **W. H. Meyer**, M. D.

(Address) **4500 Olive St**

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.

WHITE PAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

AUG 16 1934

MOTHER FATHER OCCUPATION

235-

4500 Clear

1-372

70. 3800