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.

DEC 12 1934

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan, Registration District No. 85 File No. 38627
Township Primary Registration District No. 1001 Registered No. 1304
City St. Joseph, (No. Memorial Home, St. Ward)

2. FULL NAME Sarah A. Sampson,
(a) Residence, No. 1120 No2 Main St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 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: Josiah R. Sampson,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan'y 17, 1840
7. AGE: YEARS 94 MONTHS 10 DAYS 8 If LESS than 1 day, ...hrs. or ....min.

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. Inmate, Memorial Home for the Aged
10. Date deceased last worked at this occupation (month and year) November 1934
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

FATHER
13. NAME: Unknown,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

MOTHER
15. MAIDEN NAME: Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown,

17. INFORMANT (ADDRESS): Memorial Home Records, 1120 Main Street,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora Cem. DATE Nov. 27th 1934
19. UNDERTAKER (ADDRESS): Keaton-Bebole & Bowman 319 S. 10th St. Funeral Home
20. FILED NOV 27 1934 John R. Bender Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1934, to Nov 25, 1934
I last saw her alive on never, 19.... 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
Had senile dementia for about 1 yr.	1933
Sudden death from Valvular Heart disease duration	1933

Other contributory causes of importance: 162

Name of operation none Date of
What test confirmed diagnosis? none 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) A H Kelly, M. D.
(Address) St Joseph Mo.