

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.

OCT 25 1935

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

Do not use this space.

30046

1. PLACE OF DEATH

County *McDonald*
Township *C. Kyle*
City *Goodman* (No.)

Registration District No. *142*
Primary Registration District No. *5673*

File No.
Registered No.
St. Ward)

2. FULL NAME

Susan A. Sample

(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 *7* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Oliver A. Sample</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>December 24 1876</i>		
7. AGE	YEARS <i>58</i>	MONTHS <i>8</i>
	DAYS <i>10</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>At Home</i>	
	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) <i>Unknown Kentucky</i>		
FATHER	13. NAME <i>John Mills</i>	
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <i>Unknown Kentucky</i>	
MOTHER	15. MAIDEN NAME <i>Susan A. Drake</i>	
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <i>Unknown Unknown</i>	
17. INFORMANT (ADDRESS) <i>Mae Sample Goodman Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Goodman Mo</i>	DATE <i>9-6-35</i>	
19. UNDERTAKER (ADDRESS) <i>LeRoy Thompson Neosho Mo</i>		
20. FILED <i>10/10 1935</i>	<i>Chas. W. Williams Registrar</i>	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-4-35*

22. I HEREBY CERTIFY, That I attended deceased from *March 26 1935* to *Sept 4 1935*
I last saw her alive on *Sept 3 1935* Death is said to have occurred on the date stated above, at *11: A. m.*
The principal cause of death and related causes of importance were as follows:
carcinoma of rectum.
Date of onset *not known*

Other contributory causes of importance:
not known

Name of operation *colostomy* Date of *7/15/35*
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? *No*
If so, specify

(Signed) *C. E. Hancock*, M. D.
(Address) *Neosho, Missouri*

