

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

Do not use this space.

OCT 28 1935

30347

**1. PLACE OF DEATH**

County Pettis  
Township \_\_\_\_\_  
City Sedalia (No. Bathwell Ward)

Registration District No. 668  
Primary Registration District No. 3032

File No. 279300  
Registered No. 668  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 2 Otterville Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode) Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>✓</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 20, 1926</u>		
7. AGE YEARS <u>8</u>	MONTHS <u>11</u>	DAYS <u>5</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>✓</u>	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) Longwood (STATE OR COUNTRY) Missouri

13. NAME William Sampson

14. BIRTHPLACE (CITY OR TOWN) Windsor (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Stella Fay Sampson

16. BIRTHPLACE (CITY OR TOWN) Stokesbury (STATE OR COUNTRY) Missouri

17. INFORMANT William Sampson (ADDRESS) Otterville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Otterville Mo. DATE 9-27-1935

19. UNDERTAKER Parker funeral service (ADDRESS) Otterville Mo.

20. FILED 9-25- 1935 Jean Slack Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22 1935 to Sept. 25 1935  
I last saw him alive on Sept 25 1935 Death is said to have occurred on the date stated above, at 3 P. m.

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

Schampi emphysema

Other contributory causes of importance:  
none

Name of operation none Date of none  
What test confirmed diagnosis? Chole 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) Chas. H. ... M. D.  
(Address) 212 ...

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.

