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.

MAY 18 1936

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

Do not use this space.

85

14200

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 1001 — File No.:

Township: — Primary Registration District No.: — Registered No.: 600

City: St. Joseph, (No. Mercy Hospital St. Ward)

2. FULL NAME: Betty Jean Sample

(a) Residence, No. 3107 Locust St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 8 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 1, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: In School.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 8th. Grade, Bliss Jr. High.

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): Des Moines, Iowa.

FATHER

13. NAME: Elmer L. Sample

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stewartsville, Mo.

MOTHER

15. MAIDEN NAME: Gladys Oney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Talequah, Okla.

17. INFORMANT (ADDRESS): Elmer L. Sample, 3107 Locust St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park Cem. DATE: Apr. 23, 1936

19. UNDERTAKER (ADDRESS): Walter Meierhoffer, 1302 Faraon St. St. Joseph, Mo.

20. FILED 4-21, 1936 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 20, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/6/36, 19, to 4/20/36, 19

I last saw her alive on 4/20/36, 19. Death is said to have occurred on the date stated above, at 1.40 a.m. A.M.

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

	Date of onset
Appendicial Abscess	

Other contributory causes of importance:

Peritonitis

Name of operation: Appendectomy Date of: 4/6/36

What test confirmed diagnosis: Path. Findings 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) T. O. Pierce D.O., M. D.

(Address) 801½ Francis St. St. Joseph, Mo.