

APR 23 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Linn  
Township Organ  
City (No. .... St. .... Ward)

Registration District No. 65-3  
Primary Registration District No. 5866

File No. 12891  
Registered No. 29

## 2. FULL NAME

Leo Eugene 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

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

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

March 20, 1898

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

37102

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

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)

11. Total time (years) spent in this occupation

invalid

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ayles Tennessee

## 13. NAME

Thomas George Sample

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Hibson Co. Tenn.

## 15. MAIDEN NAME

Lora Head

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tennessee

## 17. INFORMANT

W. J. Sample

## 18. BURIAL, CREMATION, OR REMOVAL

buriedPLACE Caruthersville Mo. Jan-24, 1937

## 19. UNDERTAKER

W. J. Sample

## 20. FILED

Mar. 20, 1937J. W. Rhoads  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 22, 193722. I HEREBY CERTIFY That I attended deceased from Jan 2, 1937 to Jan 22, 1937I last saw him alive on Jan 19, 1937. Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Pneumonic Effusion Date of onset Dec 15, 19365Other contributory causes of importance: Pneumonia and undulant feverDec 1st about 1936Name of operation ✓ Date of ✓What test confirmed diagnosis? Lab Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury ✓, 1937Where 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. J. Sample M. D.(Address) Jonesboro Ark

N. B.—Every item of information should be carefully supplied. No statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

