

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 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Sentry
Township Albany
City Albany (No.)

Registration District No. 309
Primary Registration District No. H185

File No. 16303
Registered No. 27 St. Ward

2. FULL NAME

Pattay Smith Sampson

(a) Residence, No. St. Ward.

(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 Female 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) June 6 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 10 24

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

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) Sentry Co Mo

13. NAME Benjamin Sampson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wyersburn Mo

15. MAIDEN NAME Phoebe Price

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wyersburn Mo

17. INFORMANT (ADDRESS) Mrs. John J. Ester Albany Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Chandoyers DATE May 2 1937

19. UNDERTAKER (ADDRESS) Chiffard Roberts Albany Mo

20. FILE May 1937 W. E. Martin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-28, 1937, to 4-25, 1937

I last saw her alive on, 19.... Death is said to have occurred on the date stated above, at 8 P. m.

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

Bulbar Paralysis Date of onset 1935

Other contributory causes of importance: 8/10

Name of operation none Date of

What test confirmed diagnosis? clin. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Where did injury occur?

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify: Frank H. Rose M. D.

(Address) Albany Mo

