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.

REC'D APR 21 1939

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

Do not use this space.

1. PLACE OF DEATH
County Saline — Registration District No. 796 — File No. 12443
Township — Primary Registration District No. 3038 — Registered No. 69
City Marshall (No. ..., N. Jefferson St. ... Ward)

2. FULL NAME Stillborn / Mrs. Lewis Sampson
(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 7
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Stillborn
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17, 1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Mo. 0

FATHER
13. NAME Louis Sampson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County Mo. 0

MOTHER
15. MAIDEN NAME Mary Nellie Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Mo.

17. INFORMANT (ADDRESS) Mrs. Nellie Sampson
18. BURIAL, CREMATION, OR REMOVAL PLACE Disposed of by family DATE ... 19...
19. UNDERTAKER (ADDRESS) Disposed of by family
20. FILED 4-6-, 1939 Mary Kent Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 17, 1939
22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 12:30 P.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn	

Other contributory causes of importance:
Alcoholism

Name of operation none Date of ...
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? ...
If so, specify ...
(Signed) W. Knix, M. D.
(Address) Marshall Mo.

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 4/10/39