WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH
County Hickory
Township Green
City ~~Pittsburg~~ (No. ..... St. ..... Ward)

Registration District No. 362
Primary Registration District No. 5507

File No. 4699
Registered No. .....

2. FULL NAME John W Samples
(a) Residence, No. ~~Pittsburg, Mo~~ St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 61 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) married
5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Effie Samples
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1872.
7. AGE YEARS 61 MONTHS 4 DAYS 24 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. Farmer.
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) Missouri

FATHER
13. NAME Richard Samples
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Lizbeth Snow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Kirk Samples Pittsburg Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Pittsburg Baptist Cemetery DATE Feb. 9 1934
19. UNDERTAKER (ADDRESS) R. Hickey Wheatland Mo
20. FILED 2-12 1934 John P. Dennis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8, 1934
22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933, to Feb 8, 1934
I last saw him alive on Feb 7, 1934 Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Liver	9/1/33
46	

Other contributory causes of importance:
Obstruction of Common Duct
Probably Biliary Calculi 8/2/33

Name of operation X Ray & Physical Ex Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) La Glasco, M. D.
(Address) Hermitage Mo