NOV 4 1936

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

Do not use this space.

35346

1. PLACE OF DEATH
County Ray
Registration District No. 744
File No.
Township
Primary Registration District No. 3035
Registered No. 102
City Richmond Mo. (No. , St. Ward)

2. FULL NAME Mrs Lou Emma Sampson
(a) Residence, No. Richmond 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 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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF Late Mr Sampson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 7, 1852
7. AGE YEARS 84 MONTHS 11 DAYS 8 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. House Lady
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) New Castle Pennsylvania

FATHER
13. NAME Agnew Burns
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know Pennsylvania

MOTHER
15. MAIDEN NAME Elizabeth McConhue
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Heglip Pennsylvania

17. INFORMANT (ADDRESS) Mrs Clyde Dug Richmond Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Pleasant Cem. DATE September 7, 1936
19. UNDERTAKER (ADDRESS) R. W. Manser Richmond Missouri
20. FILED 10-31, 1936 E. E. Gay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 15, 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1934, to Sep 15, 1936
I last saw her alive on Sep 15, 1936 Death is said to have occurred on the date stated above, at 12-45 a.m. p.m.
The principal cause of death and related causes of importance were as follows:
Sclerosis of Arteries
Hypertension

Date of onset

Other contributory causes of importance:
Fractured Hip Early 30 - 34

Name of operation None Date of
What test confirmed diagnosis? None 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) L. D. Greene, M. D.
(Address) Richmond Mo

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.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County: Ray — Registration District No.: 744 — File No.:

Township: — Primary Registration District No.: 303 S — Registered No.: 102

City: Richmond (No. , St. Ward)

2. FULL NAME: Mrs. Lou Emma 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: Female

4. COLOR OR RACE: White

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

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

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

7. AGE: Years 83 — Months 11 — Days 8 — 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

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

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 12-3 1936 E. E. Gay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

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

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

Date of onset

Other contributory causes of importance: Fractured hip

Name of operation 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? Accid. Date of injury July 30, 1936

Where did injury occur? Richmond, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home.

Manner of injury slipped on floor

Nature of injury Fract. lt. hip

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. D. Freeman, M. D.

(Address) Richmond Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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