

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau
Township Cape Girardeau
City Cape Girardeau

Registration District No. 125
Primary Registration District No. 3009

File No. 32171
Registered No. 198
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 701 No Spanish St., _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (name) <u>Cora Samp</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 27 1854</u>					
7. AGE YEARS <u>80</u>		MONTHS <u>6</u>		DAYS <u>1</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>					
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) <u>Neelys Landing Missouri</u>					
13. NAME <u>Rice Samp</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Girardeau Co. Missouri</u>					
15. MAIDEN NAME <u>McLain</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Girardeau Co. Missouri</u>					
17. INFORMANT (ADDRESS) <u>Olet Samp Cape Girardeau Mo</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>McLain Cemetery Date Sept 30 1934</u>					
19. UNDERTAKER (ADDRESS) <u>Funerary Home of Cape Girardeau Mo</u>					
20. FILED <u>9-29 1934</u> <u>J.M. Thompson</u> Registrar					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1934 to Sept 28 1934
I last saw him alive on Sept 17 1934. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
chronic colitis about 10 day 1934
1206
1506
Other contributory causes of importance:

Name of operation _____ 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? no
If so, specify _____
(Signed) W.A. Schwen, M. D.
(Address) Cape Girardeau Mo

WRITE PLAINLY, 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.

