Form V. S. 1-A—75m—3-30-32

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 7633
Registered No. 26

1. PLACE OF DEATH

County Muhlenberg
Vot. Pct. Central City
Inc. Town
City Central City

Registration District No. 1887
Primary Registration District No. 2435

(No. ..... St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Joel Franklin 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 M
4. COLOR OR RACE W
5. Single, Married, Widowed or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of ~~[illegible]~~ Annie Penrod

6. DATE OF BIRTH 9/21/1866

7. AGE Years 67 Months 5 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, sawmill, bank, etc. ..... miner
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE Ohio County

FATHER
13. NAME Jesse Sampson
14. BIRTHPLACE Tennessee

MOTHER
15. MAIDEN NAME Sara Williams
16. BIRTHPLACE Virginia

17. INFORMANT C. N. Arndell
(Address) Central City

18. BURIAL, CREMATION, OR REMOVAL (near Dunmoor)
Place Hughes Date 3/18/1934

19. UNDERTAKER Arthur S. Marsley
(Address) Central City

20. FILED 3-17-34, 19 A. L. Blandford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1934 to March 17, 1934
I last saw him alive on March 15, 1934, death is said to have occurred on the date stated above, at 2:35 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Nephritis (Industrial)	

Contributory causes of importance not related to principal cause:

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? ..... 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 J. P. Walton, M. D.
(Address) Central City, Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.