

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Form V. S. 1-A

File No. \_\_\_\_\_  
Registered No. 68

1. PLACE OF DEATH  
County Mitchell  
Vot. Pct. \_\_\_\_\_  
Inc. Town Greenville Ky Registration District No. 1085  
City \_\_\_\_\_ Primary Registration District No. 2436  
(No. \_\_\_\_\_) \_\_\_\_\_ (Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Margaret J. Sampson  
(1) Residence. No. Beltone Ky 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				
6. DATE OF BIRTH <u>4-16-1934</u>				
7. AGE	Years <u>5</u>	Months <u>9</u>	Days <u>29</u>	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. _____			
	10. Date deceased last worked at this occupation (month and year) _____			
11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE <u>Beltone Ky</u>				
FATHER	13. NAME <u>Raymond Sampson</u>			
	14. BIRTHPLACE <u>Mitchellburg Co Ky</u>			
	15. MAIDEN NAME <u>Gracie Fleming</u>			
MOTHER	16. BIRTHPLACE <u>Mitchellburg Co Ky</u>			
	17. INFORMANT <u>Gracie Sampson</u> (Address) <u>Beltone Ky</u>			
18. BURIAL, CREMATION, OR REBURIAL Place <u>Forest Grove</u> Date <u>2-16-40</u>				
19. UNDERTAKER <u>J.P. Harralson</u> (Address) <u>Drakesboro Ky</u>				
20. FILED <u>2-16-40</u> <u>James Carter</u> Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH <u>Feb-15-40</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb-14</u> , 19 <u>40</u> to <u>Feb-15</u> , 19 <u>40</u> I last saw <u>her</u> alive on <u>Feb-14</u> , 19 <u>40</u> , death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance in order of onset were as follows: <u>2nd degree over burn of body</u>	
	Date of onset
Contributory causes of importance not related to principal cause: <u>181</u>	
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: <u>Accident</u> Accident, suicide, or homicide? _____ date of injury _____ 19____ Where did injury occur? <u>Mitchellburg</u> Specify whether injury occurred in industry, in home, or in public place. <u>I home</u>	
Manner of injury <u>Burned by clothing left for</u> Nature of injury <u>Burned</u>	
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u>4642</u>	
(Signed) <u>J.P. Harralson</u> , M. D. (Address) <u>Central City Ky</u>	

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. PHYSICIANS 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.