

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
Primary Registration District No. **1003**

File No. **10495**  
Registered No. **5105**  
Ward)

**2. FULL NAME**

(a) Residence. No. **4759 Hammett Pl 16** Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (if nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Dec 15 1916</i>		
7. AGE YEARS <i>10</i>	MONTHS <i>yes</i>	DAYS <i>3</i>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
<i>School Girl</i>		

9. BIRTHPLACE (CITY OR TOWN) *Kirkville*  
(STATE OR COUNTRY) *Mo*

PARENTS	10. NAME OF FATHER <i>Joseph Hampton</i>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo.</i>
	12. MAIDEN NAME OF MOTHER <i>Josephine Piether</i>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo.</i>

14. INFORMANT *Joseph Hampton*  
(Address) *40759 Hammett Place*

15. FILED **MAR 31 1927** *Maub Starkoff*  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Mar. 30, 1927*  
17. I HEREBY CERTIFY, That I attended deceased from *March 29, 1927*, to *March 30, 1927* that I last saw h.e.r. alive on *March 29, 1927*, and that death occurred, on the date stated above, at *10:10 a.m.*

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

*Appendicitis (Ruptured)*  
*171A*  
*129* **117a**  
(duration) yrs. mos. *3* da.  
CONTRIBUTORY *General Peritonitis*  
(SECONDARY)  
(duration) yrs. mos. *3* da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
19. DID AN OPERATION PRECEDE DEATH. *no* DATE OF.....  
WAS THERE AN AUTOPSY? *no*  
WHAT TEST CONFIRMED DIAGNOSIS? *General*  
(Signed) *E. M. Kearney*, M. D.  
*3/30, 1927* (Address) *1400 N. Grand Blvd.*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Oak Grove Cemetery* DATE OF BURIAL *4/11/27*  
20. UNDERTAKER *Wm. Lilla* ADDRESS *2707 N. Grand*

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

K. 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.

