

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

Do not use this space.

1150

**1. PLACE OF DEATH**

County Jackson  
Township Law  
City Le. Mo.

Registration District No. 399  
Primary Registration District No. 002  
(No. Mercy Hospital)

File No. 1150  
Registered No. 1150  
St. Mo. Ward

**2. FULL NAME**

Eldon Hampton Jr.  
(a) Residence. No. R.R. #4 Lee, Le. Mo. St. Mo. Ward

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 am 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 20 - 26

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>1</u>	<u>9</u>	<u>23</u>	<u>23</u>	<u>0</u>

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Child  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) Lougoville Farm Mo.

10. NAME OF FATHER Eldon Hampton

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) Osceola Kansas

12. MAIDEN NAME OF MOTHER Pearl Collins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) Fairview Okla

14. INFORMANT (Address) Eldon Hampton Lougoville Farm.

15. FILED 1-14-28 19 28 M M Crowe REGISTRAR best

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 - 13 19 28

17. I HEREBY CERTIFY, That I attended deceased from 1-7-28 19 28, to 1-13 19 28, and that I last saw him alive on 1-7-28 19 28, and that death occurred, on the date stated above, at 11 40 P m.

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

Left lupar  
15  
12 days (?) (duration) yrs. mos. ds. pneumonia

CONTRIBUTORY (SECONDARY) 101 W (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. Montgomery M. D.

114-19 (Address) 1111 Rialto

\*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 Raymore Mo

DATE OF BURIAL Jan 15 19 28

20. UNDERTAKER W. L. Schick

ADDRESS Lee's Street

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.

