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.

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

Do not use this space.

23128

1. PLACE OF DEATH
County Butler
Township Poplar Bluff
City (No. St. Ward)
Registration District No. 89
Primary Registration District No. 3007
File No.
Registered No. 156

2. FULL NAME Chester Belle Hampton
(a) Residence. No. Poplar Bluff, Mo. St., R#3 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 27-1928
7. AGE: Years no. Months 2 Days 20 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Baby
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Dallas
(STATE OR COUNTRY) Texas

PARENTS
10. NAME OF FATHER Daniel Hampton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Holden
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Zetta Rushing
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Zetta Hampton
(Address) Poplar Bluff, Mo. R#3
15. FILED 7/18 1928 D B J Clinx REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17 1928
17. I HEREBY CERTIFY, That I attended deceased from July 16, 1928, to July 17, 1928 that I last saw him alive on July 17, 1928, and that death occurred, on the date stated above, at 11:P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
118 Indigestion
158 (duration) yrs. 1 mos. ds.
CONTRIBUTORY (SECONDARY) Battle Baby
(duration) yrs. mos. ds.
112
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Dallas, Tex
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. Lee Harwell, M. D
7/18, 1928 (Address) Poplar Bluff, Mo.

*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: Black River Cemetery
DATE OF BURIAL: July 18 1928 4:P.m.
20. UNDERTAKER: A. W. Greer Poplar
ADDRESS: Bluff, Mo