

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

Do not use this space.

23248

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.

1. PLACE OF DEATH
 County Carroll Registration District No. 138 File No. _____
 Township _____ Primary Registration District No. 4078 Registered No. 27
 City Norborne (No. _____) St. _____ Ward _____

2. FULL NAME Daniel J. Hampton
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 7-1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 5 6

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) Child
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Mo

10. NAME OF FATHER Frank Hampton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Mo

12. MAIDEN NAME OF MOTHER Ursula Pleber

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Mo

14. INFORMANT Frank Hampton (Address) Norborne Mo

15. Aug 6 1928 E. H. Morrison REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1928

17. HEREBY CERTIFY, That I attended deceased from July 10th 1928 to July 13 1928 and I last saw him alive on July 12th 1928, and that death occurred, on the date stated above, at 11-30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dysentery Catarrhal.

130
 160 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) M. J. Dravin M. D.
July 13 1928 (Address) Norborne 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 Union Cem DATE OF BURIAL July 15 1928

20. UNDERTAKER J. H. Sticual ADDRESS Norborne Mo

