

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

Do not use this space.

26586

1. PLACE OF DEATH

County Butler Registration District No. 89
Township Poplar Bluff Primary Registration District No. 3007
City Poplar Bluff (No. 71 11th St.)

File No. _____
Registered No. 173
St. _____ Ward _____

2. FULL NAME

Lester Belle Hampton
(a) Residence No. Poplar Bluff 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

male | white | 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 MONTHS DAYS IF LESS than 1 day, hrs. or min.
3 | 14 | _____

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

10. NAME OF FATHER Daniel Hampton

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

12. MAIDEN NAME OF MOTHER Zetta Pinkney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Mrs Zetta Hampton
(Address) Poplar Bluff, Mo.

15. FILED Aug 11-28 1928 Dr J J Clay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 11 1928

17. HEREBY CERTIFY, That I attended deceased from _____
July 5 1928, to Aug 11, 1928
that I last saw her alive on July 15, 1928, and that death occurred, on the date stated above, at 2:50 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1/2 c
Indigestion
11 1/2 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Poplar Bluff
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Dallas, Tex

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

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS: Clinical

(Signed) Jesse Barwell, M. D
8/11, 1928 (Address) Poplar Bluff, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Black River DATE OF BURIAL: Aug 12 1928

20. UNDERTAKER A. W. Greer ADDRESS Poplar Bluff, Mo.

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. SEP 24 1928

