22 1928

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

Do not use this space.

34236

1. PLACE OF DEATH
County: Wyatt
Township: Ohio
City: (No. ..... St. ..... Ward)
Registration District No. 569
Primary Registration District No. 5765
File No.
Registered No.

2. FULL NAME: James Hampton
(a) Residence. No. R L Williams farmer Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 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: Blk
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Annie Hampton

6. DATE OF BIRTH (MONTH, DAY AND YEAR): about 1888

7. AGE: about 40 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Roy Williams

9. BIRTHPLACE (CITY OR TOWN): Port Gibson
(STATE OR COUNTRY): Mississippi

PARENTS
10. NAME OF FATHER: Shepard Hampton
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Mississippi
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY):

14. INFORMANT: P. B. Brinson
(Address): Wyatt Mo

15. FILED: 10/26 1928 A Marshall REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10-25 3:22 A.M. 1928

17. I HEREBY CERTIFY, That I attended deceased from 10/24, 1928, to 10/25, 1928, that I last saw him alive on 10/23, 1928, and that death occurred, on the date stated above, at 3:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY): Malarial Fever

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) E J Hawk, M. D
10/25, 1928 (Address) Wyatt 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: Rush Ridge Cemetery
DATE OF BURIAL: 10-26 1928

20. UNDERTAKER: Lair Und. Co. Thayer
ADDRESS: Charleston, Mo.

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

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.