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

Do not use this space.

7915

File No.

Registered No. 72

1. PLACE OF DEATH

County St. Louis

Township Carondelet

City Koch (No. ; St. Ward)

Registration District No. 1123

Primary Registration District No. 6248 B

2. FULL NAME Hampton, Wade

(a) Residence. No. 3300 Hickory St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

MAR 27 1929

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 23, 1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	21	6	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Bookblack

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Wade Hampton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) S Car
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Cora Taylor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT R. Koch Hospital
(Address) Koch, Missouri

15. FILED Feb 13 1929 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 11 1929.

17. I HEREBY CERTIFY, That I attended deceased from Nov. 9 1927, 19, to Feb. 11 29, 19 that I last saw him alive on Feb. 11 1929, 19, and that death occurred, on the date stated above, at 5:15 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

26 Tuberculosis of Spine

25

About (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Gastro-Intestinal Tuberculosis.

About (duration) x yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X-Ray & Sputum

(Signed) (P. L. Chilich) M. D.

2/11/29 (Address) Koch Hospital

*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 Greenwood Cem. DATE OF BURIAL Feb 14 1929

20. UNDERTAKER W. C. Gordon Und. Co ADDRESS 2649 Morgan St