

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

Do not use this space.

20284

File No. \_\_\_\_\_  
Registered No. 5968  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 003  
City St. Louis, Mo. (No. 4241 Delmar Blvd.)

**2. FULL NAME**

Mrs. Ella Hampton  
(a) Residence. No. 4241 Delmar Blvd. 19 Ward. \_\_\_\_\_  
(Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widow</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 10, 1854</u>		
7. AGE	YEARS	MONTHS
	<u>75</u>	
		DAYS
		<u>20</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Housekeeper</u> (b) General nature of industry, business, or establishment in which employed (or employer). _____ (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) Farmington  
(STATE OR COUNTRY) Mo.

PARENTS	10. NAME OF FATHER <u>Thomas Johnson</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>
	12. MAIDEN NAME OF MOTHER <u>Josett Jennings</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Farmington Mo.</u>

14. INFORMANT Julia Rivers  
(Address) 4241 Delmar Blvd

15. FILED MAY 31 1929  
19 May C Starbuck  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 30 1929

17. I HEREBY CERTIFY, That I attended deceased from May 24 1929, to May 30 1929, that I last saw her alive on May 29, 1929, and that death occurred, on the date stated above, at 5 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: Tubercular Chronic Bronchitis non Chronic Myocarditis Chronic Intestinal Neoplasm  
(duration) 4 yrs. 9 mos. ds.

CONTRIBUTORY Arteriosclerosis  
(SECONDARY) (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 131 92C  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF 1928 B

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? A. P. Smith M. D.  
, 19 (Address) 1331 Solath

\*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 St. Ann, Mo DATE OF BURIAL June 1, 1929

20. UNDERTAKER Joe Wiesner Hud ADDRESS St. Ann 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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2.

