

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

Do not use this space.

137977

PLACE OF DEATH

County *Clark* Registration District No. *920*
Township *Big Creek* Primary Registration District No. *5858*
City *Beaumont* (No. _____) St. _____ Ward _____

2. FULL NAME

Mona Majarie Hampton
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred *4* yrs. *11* mos. *22* ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *single*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec 21 - 29*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
4 *11* *22*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *None*
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Beaumont*
(STATE OR COUNTRY) *Beaumont, Co Mo*

10. NAME OF FATHER *Fred Hampton*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Beaumont*
(STATE OR COUNTRY) *Beaumont, Co Mo*

12. MAIDEN NAME OF MOTHER *Barney Tannhill*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Beaumont*
(STATE OR COUNTRY) *Beaumont, Co Mo*

14. INFORMANT *Fred Hampton*
(Address) *Beaumont, Mo*

15. *Dec 11 1929* Mary F. Johnson
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Nov 29* 19 *29*

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____, that I last saw him alive on *Nov 28*, 19____, and that death occurred, on the date stated above, at *11:30 A.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Weak heart caused from diphtheria
(duration) yrs. *2* mos. *00* ds.

CONTRIBUTORY (SECONDARY) *Diphtheria*
(duration) yrs. mos. *6* ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? *no*

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? *no medical*
(Signed) *in last illness*, M. D.

, 19 (Address)

*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 *Big Creek Cemetery* DATE OF BURIAL *Dec 1* 19 *29*

20. UNDERTAKER *Fred Hampton* ADDRESS *Beaumont, Mo*

11 516

1000

1000

1000

1000

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Franklin Registration District No. 920 File No. _____
Township Big Creek Primary Registration District No. 5-83-8 Registered No. 1
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Mona Majorie 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 21 1924

7. AGE YEARS MONTHS DAYS 4 11 12 8 If LESS than 1 day, hrs. or min.

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) _____
(c) Name of employer _____

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

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER _____

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

PARENTS

14. INFORMANT _____
(Address) _____

15. FILE Dec 11 1929 Mary F. Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 29 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
that I last saw him _____, _____, 19____, and that death occurred, on the date above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

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

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) _____, M. D.

, 19 (Address) _____

*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 DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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