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

Do not use this space.

45-01-a

MAY 23 1930

1. PLACE OF DEATH

County: Dade — Registration District No. 237 — File No.

Township: Center — Primary Registration District No. 5323 — Registered No. 15

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Albert L 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Martha Hampton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 29-1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	71	1	22	

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): Gen'l Farming
(c) Name of employer

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

PARENTS

10. NAME OF FATHER James Hampton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Emily Kirkwood
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) Kentucky

14. INFORMANT Emmet Hampton
(Address) Greenfield Mo

15. FILED 2-25 1930 E. O. Ball REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 21 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1930, to Feb 21, 1930 that I last saw him alive on Feb 15, 1930, and that death occurred, on the date stated above, at 8.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis & Diabetes

5 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 5 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Geo. L. Weis, M. D

, 19 (Address) Greenfield

*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: Wetzel Cemetery — DATE OF BURIAL: 2/23 1930

20. UNDERTAKER: Harrison Undertaking Co. — ADDRESS: Greenfield Mo

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

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.

45-01-a