

NOV 26 1930

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

Do not use this space.

33418

1. PLACE OF DEATH

County Lawrence
Township North Prairie
City Marionville Mo (No.)

Registration District No. 468
Primary Registration District No. 4781

File No.
Registered No. 324
St. Ward)

2. FULL NAME Billy Joe Hampshire

(a) Residence No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 22 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Child

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 26 - 1930

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

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) Marionville Mo
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Elbridge Hampshire

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

12. MAIDEN NAME OF MOTHER Florence Bebbleson

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

14. INFORMANT Florence Bebbleson
(Address) Marionville Mo

15. FILED Oct 30 1930 R. Anderson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 17th 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 16th, 1930, to Oct 17th, 1930.
that I last saw him alive on Oct 16th, 1930, and that death occurred, on the date stated above, at 10:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diarrhoea Enteritis

11915 / 1130
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH,

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical symptoms
(Signed) F. W. Lester, M. D.

, 19 (Address) Marionville 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 Marionville Mo DATE OF BURIAL Oct 17 1930

20. UNDERTAKER Proffers Fun Home Marionville
ADDRESS

X. 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.

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