

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

Do not use this space.

1. PLACE OF DEATH

County.....Buchanan..... Registration District No. 85
Township..... Primary Registration District No. 1001
City.....St. Joseph..... (No. 506 East Missouri Ave.)

File No. 8899
Registered No. 328
St. _____ Ward _____

2. FULL NAME Mary Lala Hampton

(a) Residence. No. 506 East Mo. Ave. 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 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) February 15, 1897

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
34 1 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Sales lady 175
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Townsend Wyatt & Wall Dg. Co.

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

10. NAME OF FATHER Wm. D Hampton

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

12. MAIDEN NAME OF MOTHER Mattie Critchfield

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

14. INFORMANT Mrs. Mattie Hampton
(Address) 506 East Mo. Ave. - St. Joseph Mo.

15. FILED _____ 19 John R Bender REGISTRAR
3-26-31

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 25 19 31

17. I HEREBY CERTIFY, That I attended deceased from March 10-4 1931 to March 25 1931
that I last saw h. or alive on March 25 1931, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Venereal Angina
118
115 R (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Chemical Test.
(Signed) James Thomas, M. D.

Mar. 26 19 31 (Address) 801 1/2 Jaley

*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 Faucett Mo. DATE OF BURIAL Mar. 27 19 31
ADDRESS 1802 Union st.
20. UNDERTAKER M. Sidenfaden

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.

APR 21 1931

