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

Do not use this space.

28214

File No. 3339

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City, Mo. (No. 6935 Agnes St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Nannie J. Hampton
(a) Residence. No. 6935 Agnes St., 16 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)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 3, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	68	10	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(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) Pa

PARENTS
10. NAME OF FATHER William Dodson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Pa
12. MAIDEN NAME OF MOTHER Sarah O'Connor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Pa

14. INFORMANT Mrs. Chas. Baker
(Address) 6935 Agnes, K.C.Mo.

15. FILED 8/4 1931 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 3, 1931 19

17. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1930, to Aug 3, 1931, that I last saw her alive on July 27, 1931, and that death occurred, on the date stated above, at 12:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis
131
92.B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ~~Influenza~~
Chronic Nephritis (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? "
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H O Leonard, M. D.
8/4, 1931 (Address) 519 Shukert

*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
Forest Hill Cemetery	8-5-31 19
20. UNDERTAKER	ADDRESS
R.V.Lindsey & Sons, Inc.	K.C.Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of