

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.

JUN 22 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

15954

1. PLACE OF DEATH
 42 County Henry Registration District No. 349
 Township Deer Creek Primary Registration District No. 5599
 City Lebanon (No.) St. Ward

2. FULL NAME Lebanon Newton Hampton
 (a) Residence, No. St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Mary G. Hampton</u> (OR) WIFE OF <u> </u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 2 1860</u>				
7. AGE	YEARS <u>72</u>	MONTHS <u>2</u>	DAYS <u>19</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>			
	10. Date deceased last worked at this occupation (month and year) <u> </u>			
11. Total time (years) spent in this occupation <u> </u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monett, Mo.</u>				
FATHER	13. NAME <u>Robert L. Hampton</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss.</u>			
MOTHER	15. MAIDEN NAME <u>Mary Renfrew</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss.</u>			
17. INFORMANT <u>Charles Hampton</u> (ADDRESS) <u>6206 E. 4th St. Kansas Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Warsaw</u> DATE <u>May 23 1932</u>				
19. UNDERTAKER <u>W. A. Ballard</u> (ADDRESS) <u>Calhoun Mo.</u>				
20. FILED <u>5/22 1932</u> <u>Mrs. A. A. Gray</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1932, to May 21, 1932.
 I last saw him alive on May 21, 1932. Death is said to have occurred on the date stated above, at 8:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Pericarditis
 Date of onset 1930

Other contributory causes of importance: none ①

0 Name of operation none Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury , 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) W. A. Ballard, M. D.
 (Address) Calhoun Mo.

