

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. *7871*  
Township *St. Louis A.M.O.* Primary Registration District No. *501183*  
City *St. Louis A.M.O.* No. *2321* *Walnut*

File No. *7677*  
Registered No. *1637*  
St. .... Ward)

**2. FULL NAME**

*Hampton Johnson*  
(a) Residence, No. *2321 Walnut* St., *22* Ward.

Length of residence in city or town where death occurred *3* 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 *Male* 4. COLOR OR RACE *col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sep 20/1911*  
7. AGE YEARS *21* MONTHS *4* DAYS *19* If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Memphis Tenn*

13. NAME *John Johnson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Port Gibson Miss*

15. MAIDEN NAME *Lenora Smith*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Port Gibson Miss*

17. INFORMANT *Lenora Williams* (ADDRESS) *2321 Walnut St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Beechwood Cemetery* DATE *3/20* 1933

19. UNDERTAKER (ADDRESS) *Dunn Bros 215 So Jefferson Ave*

20. FILED *553 17 1933* *Wm C. Starbuck* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 15* 19*33*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 21* 19*32*, to *Feb 15* 19*33*  
I last saw him... alive on *Jan 6* 19*33* Death is said to have occurred on the date stated above, at *4:30* p.m.  
The principal cause of death and related causes of importance were as follows:

*Tuberculosis of spine*  
Other contributory causes of importance *26* *26*

Name of operation..... Date of.....  
What test confirmed diagnosis *clinical* 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? *Yes*  
If so, specify *Spicent M. M. M.*

(Signed) *Spicent M. M. M.*, M. D.

(Address) *2335 Franklin*

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

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.

