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 1933

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

Do not use this space.

1. PLACE OF DEATH

County: Greene — Registration District No. 317 — File No. 9151

Township: Brookline — Primary Registration District No. 5441 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME James C Hampton

(a) Residence. No. ..... 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 17-1863.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	5	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: farmer

(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) Mo.

PARENTS

10. NAME OF FATHER: Joseph Hampton

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

12. MAIDEN NAME OF MOTHER: Elmina Beal

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

14. INFORMANT: Mrs. J. C. Hampton
(Address) Brooklyn Mo

15. FILED 4-2, 1933 V. W. Shover
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): March - 31 - 1933

17. I HEREBY CERTIFY, That I attended deceased from March 30, 1933, to March 31, 1933, that I last saw him alive on March 31, 1933, and that death occurred, on the date stated above, at 8:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 94B
Angina Pectoris
94A

94A (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY): Contraction of Coronary Arteries
(duration) — yrs. 6 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? at his Home

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs

(Signed) E L Beal, M. D

, 19 (Address) Republic 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: Roundtree Cem.

DATE OF BURIAL: April-2 1933

20. UNDERTAKER: T. W. Maples

ADDRESS: Clever-Mo