

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

Do not use this space.

9292

1. PLACE OF DEATH

41 County Harrison Registration District No. 340
Township White Oak Primary Registration District No. 5476
City New Hampton (No. St. Ward)

File No.
Registered No.
St. Ward)

2. FULL NAME

Clarence Taylor Hampshire
(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 Fannie Hampshire
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 1880
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hra. or min.
52 4 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
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) Mercer Co Mo

13. NAME William W Hampshire

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

15. MAIDEN NAME Mary E Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT Fannie Hampshire
(ADDRESS) New Hampton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Funerary DATE Mar 4 1933

19. UNDERTAKER W. H. Noble
(ADDRESS) New Hampton

20. FILED April 10 1933 J. W. Davis
Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7 1933
22. I HEREBY CERTIFY, That I attended deceased from March 1 1933 to Mar 7 1933
I last saw him alive on Mar 7 1933 Death is said to have occurred on the date stated above, at 5A.m.
The principal cause of death and related causes of importance were as follows:

diphtheria Date of onset 10
10
Other contributory causes of importance: Heart Failure

Name of operation 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?
If so, specify Dr. R. L. Gunn D.O.
(Signed) New Hampton, Mo.
(Address)

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.

APR 27 1933

MOTHER FATHER

