

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

Do not use this space.

19424

1. PLACE OF DEATH

County Greene
Township Springfield
City Springfield (No. 1112)

Registration District No. 318
Primary Registration District No. 2001
(No. 1112) Commercial

File No. _____
Registered No. 476
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1112 E. Commercial 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 Mildred Hampton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21-1894
7. AGE YEARS 38 MONTHS 11 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman Frisco Alco
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store Room
10. Date deceased last worked at this occupation (month and year) June 17, 1933 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rosedale, Kansas

13. NAME Nade Hampton

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

15. MAIDEN NAME Nettie Purvance

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

17. INFORMANT Mildred Hampton (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn Cemetery DATE June 19, 1933

19. UNDERTAKER J.W. Klingner & Co (ADDRESS) Springfield, Mo.

20. FILED 6-17-33 Ralph Long Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/17, 1933

22. I HEREBY CERTIFY That I attended deceased from on June 17, 1933, 19____
I last saw him alive on June 17, 1933. Death is said to have occurred on the date stated above, at 12:30 pm.
The principal cause of death and related causes of importance were as follows:

Cerebral haemorrhage Date of onset 6/17
Essential hypertension Several yrs ago
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No.

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) J. B. Emmerson, M. D.
(Address) _____ **SPRINGFIELD, MO.**

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.

JUL 21 1933

106
2
31
31

557
659

