JAN 26 1934

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

Do not use this space.

23900

1. PLACE OF DEATH

County New Madrid — Registration District No. 603 — File No.

Township ~~[illegible]~~ — Primary Registration District No. 4357 — Registered No. 16

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

2. FULL NAME Hampton Lee Crumpecker

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE: YEARS 0 — MONTHS 0 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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)

FATHER

13. NAME Wm Crumpecker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tex

MOTHER

15. MAIDEN NAME Gladys Albright
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Clarence Crumpecker Morehouse Mo

18. BURIAL, ~~CREMATION, OR~~ REMOVAL
PLACE Sikeston DATE 7-14- 1933

19. UNDERTAKER (ADDRESS) John T. Parrish Morehouse

20. FILED 7-14 1933 John T. Parrish Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1933

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1933, to July 13, 1933
I last saw him alive on July 13, 1933 Death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:

Entero Colitis

Date of onset

Other contributory causes of importance:

119B

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? .....
If so, specify .....

(Signed) Howard M Kendry, M. D.
(Address) Sikeston

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.