

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

Do not use this space.

39699

1. PLACE OF DEATH

County Franklin
Township Washington
City Washington (No.,,)

Registration District No. 297
Primary Registration District No. 3016

File No.
Registered No. 85 St. Ward)

2. FULL NAME

Mathew Hampton

(a) Residence, No. St. Clair, Mo. St. Ward.

(Usual place of abode)

St. Clair, Mo.
(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 <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 25 - 1880</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>3</u>
	DAYS <u>20</u>	If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clothes Cleaner</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Channing Estab.</u>
10. Date deceased last worked at this occupation (month and year) <u>Dec 1933</u>	11. Total time (years) spent in this occupation <u>10</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Knopville, Miss.

13. NAME Samuel Hampton

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

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Don't know

17. INFORMANT (ADDRESS)
Mrs. A. C. Hampton
St. Clair, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson Ave DATE 12-16 1933

19. UNDERTAKER (ADDRESS)
The Casey
St. Clair, Mo.

20. FILED Dec. 14 1933
H. A. May
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10 - 1933 to Dec. 14 - 1933

I last saw him alive on Dec. 13 - 1933 Death is said to have occurred on the date stated above, at 6:5 A. M.

The principal cause of death and related causes of importance were as follows:

auto accident occurring on highway - not a collision - automobile turning over and rolling over and down embankment near embankment producing injury to brain and kidneys - my probable location and exact injury

Other contributory causes of importance:
induria of lungs

Name of operation none Date of 210

What test confirmed diagnosis? 1111 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Dec. 10 - 1933

Where did injury occur? on highway, Franklin Co. Mo. near Knobsville, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Injury occurred on public highway

Manner of injury automobile rolled down embankment
Nature of injury fracture of brain and kidneys and injury to chest

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) H. A. May, M. D.

(Address) Washington, Mo.

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.

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

JAN 26 1934

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