

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

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.

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

Do not use this space.

6255

68

APR 25 1934

PLACE OF DEATH

County St Francois  
Township St Francois  
City Essex (No. ....)

Registration District No. 774  
Primary Registration District No. 601813

File No. ....  
Registered No. ....  
St. .... Ward)

FULL NAME

Dezold Gene Hampton  
Essex St., ..... Ward.

(a) Residence, No. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-14-34</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>		
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) <u>Essex Mo</u>		
13. NAME <u>Hadley Hampton</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Gene Bader</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Essex Mo</u>		
17. INFORMANT (ADDRESS) <u>Hadley Hampton Essex Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLAC <u>Wood Lawn Cem</u> DATE <u>2-16</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Caldwell Bros 61st River</u>		
20. FILE NO. <u>4-5</u> 19 <u>34</u> <u>C. P. Barker MD</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/14, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-14, 1934, to 2-16, 1934  
I last saw him alive on 2-15, 1934. Death is said to have occurred on the date stated above, at 9 A m.  
The principal cause of death and related causes of importance were as follows:  
Poorly developed  
Date of onset

Other contributory causes of importance:  
158 158

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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) Paul L Jones, M. D.  
(Address) 61st River Mo

