

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.

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SEP 14 1934

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

Do not use this space.

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28682

1. PLACE OF DEATH

County Clay Registration District No. 198
 Township Trubing River Primary Registration District No. 3011
 City Excelsia Mo. (No. _____) St. _____ Ward _____

File No. 97
 Registered No. _____

2. FULL NAME

(a) Residence, No. Ins Leary Hotel St. _____ Ward Ocie Mo.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 5 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pangie Hampton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 13 - 1895</u>		
7. AGE	YEARS <u>38</u>	MONTHS <u>7</u>
	DAYS <u>18</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>General farming</u>	
	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>Ocie Mo</u>		
FATHER	13. NAME <u>Morrise H Hampton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
MOTHER	15. MAIDEN NAME <u>Palmer Lemons</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>Pangie Hampton</u> (ADDRESS) <u>Ocie Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ocie Mo</u> DATE <u>Aug 3</u> 19 <u>34</u>		
19. UNDERTAKER <u>John C. Prather</u> (ADDRESS) <u>Excelsia Mo</u>		
20. FILED <u>8-5</u> 19 <u>34</u> <u>Wm Rie McCreary</u> Registrar		

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/1 1934

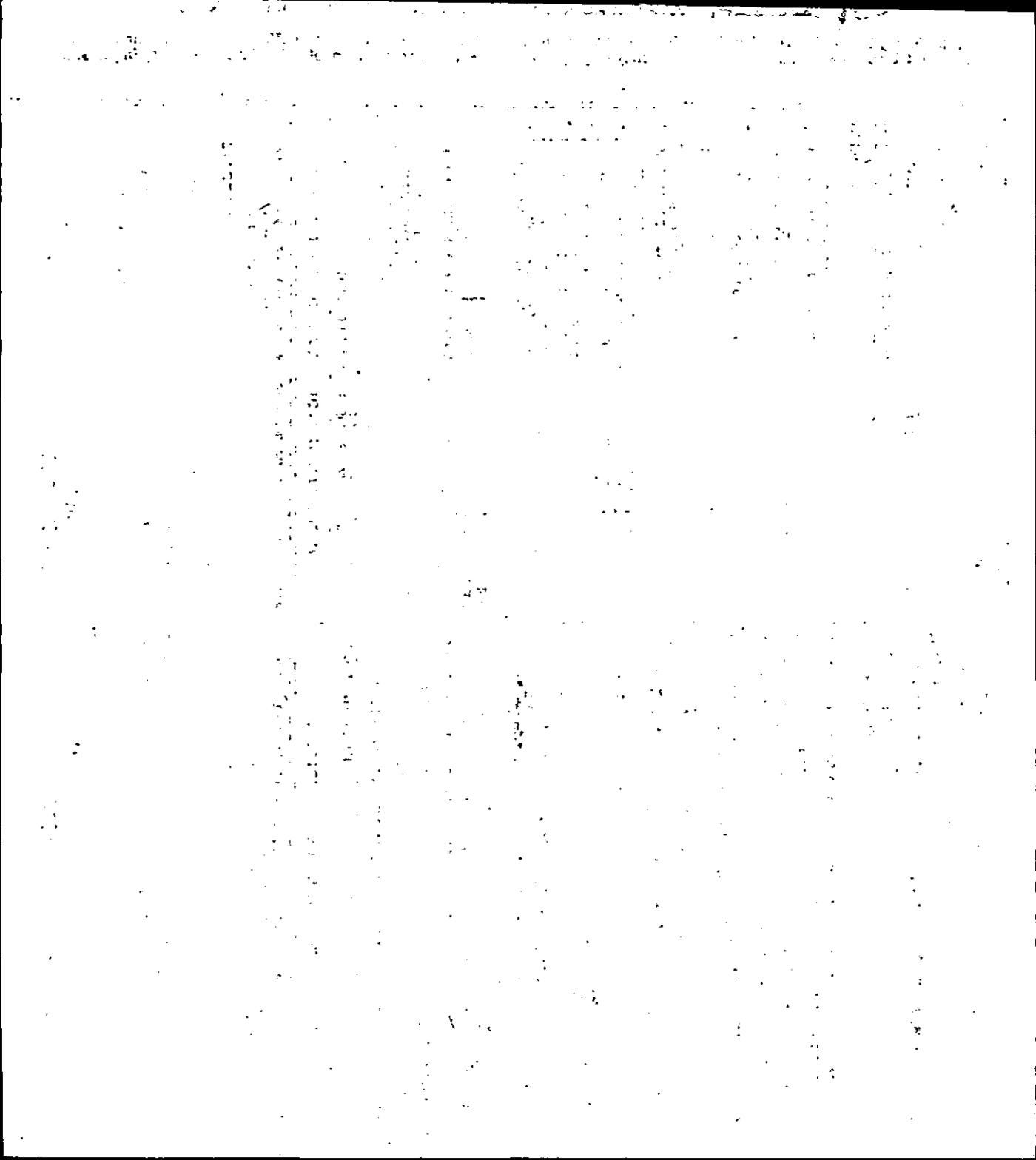
22. I HEREBY CERTIFY that I attended deceased from July 7 1934 to Aug 1 1934
 I first saw him alive on Aug 1 1934 Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis with acute Coronary dilatation Date of onset not

Other contributory causes of importance:
Chronic Nephritis and rupture of both lungs
 Name of operation Chin. Deb. 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? Excelsia Mo
 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) W. J. James M. D.
 (Address) Excelsia Mo



Clay

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

97 E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

WASHINGTON

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Fred Hampton
Who died at _____ on 8-1-1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W ~~Single, married, widowed or divorced:~~ _____

Date of birth _____ Age: Years 38 Months 7 Days 18

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: chronic myocarditis with Month _____ Year _____
Birthplace (State or country) acute cardiac dilatation
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: 131

Chronic Nephritis + Infection of both lungs + anemia.
Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 injured in service while driving truck
Nature of injury fract. femur, abscess in leg
Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
Name of physician Dr. W. James
Address of physician Exulif sp...
Signature of Registrar SR M. Cracked (Rep) Date filed 10-24-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 198 Very truly yours,
Primary Reg. Dist. No. 3011
E. T. McGaugh, M.D.
Special Agent. K.

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