

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.

OCT 22 1934

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

Do not use this space.

33102

1. PLACE OF DEATH

County Jackson
Township Prairie
City Little Blaine (No. J-C, Home)

Registration District No. 400
Primary Registration District No. 6553 B

File No. 33102
Registered No. 203
St. _____ (Ward) _____

2. FULL NAME

James Hampton

(a) Residence, No. Jackson County Home 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>None</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-11-1869</u>				
7. AGE YEARS <u>65</u>	MONTHS <u>5</u>	DAYS <u>28</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>none</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) Missouri

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT J. W. Hatler
(ADDRESS) J-C Home

18. BURIAL, CREMATION, OR REMOVAL PLACE Palentine Cemetery DATE 9-11-34

19. UNDERTAKER Hetter
(ADDRESS) 7657 Grand Ave. K-6

20. FILED Sept 10 34
William T. Fields
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-9-1934

22. I HEREBY CERTIFY, That I attended deceased from 7-1-1934 to 9-9-1934

I last saw him alive on 9/8, 1934 Death is said to have occurred on the date stated above, at 8:25 P. M.

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

mitral Regurgitation
gpa
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? xx Was there an autopsy? xx

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. W. Hatler M. D.
(Address) J-C Home

