

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

Do not use this space.

NOV 20 1934

36866

77 1. PLACE OF DEATH *Osark*
County *Jasper* Registration District No. *920*
Township *Jasper* Primary Registration District No. *5839*
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME *Dora Marie Hampton*
(a) Residence, No. _____ 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 <i>Female</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>S</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct 16-34</i>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
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) <i>Isabella</i> (STATE OR COUNTRY) <i>Osark Co. mo</i>		
13. NAME <i>Dora Hampton</i>		
14. BIRTHPLACE (CITY OR TOWN) <i>Tanner Co</i> (STATE OR COUNTRY) <i>mo</i>		
15. MAIDEN NAME <i>Bertha Piland</i>		
16. BIRTHPLACE (CITY OR TOWN) <i>Osark Co</i> (STATE OR COUNTRY) <i>mo. mo</i>		
17. INFORMANT <i>Bertha Hampton</i> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Isabella</i> DATE <i>22</i> 19 <i>34</i>		
19. UNDERTAKER <i>Dora Hampton</i> (ADDRESS) <i>Isabella mo</i>		
20. <i>Mar 10</i> 19 <i>34</i> <i>Mary F. Johnson</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct Oct 21, 1934*

2. I HEREBY CERTIFY, That I attended deceased from *Oct 16*, 19*34* to *Oct 21*, 19*34*
I last saw *her* alive on *Oct 21*, 19*34* Death is said to have occurred on the date stated above, at *4 P* m.
The principal cause of death and related causes of importance were as follows:
cause of death
its Bowels nor its
Kidney never
had an action
Other contributory causes of importance:
1570
157D
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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) *P. J. McCullough* M. D.
(Address) *Isabella mo*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

