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

Do not use this space.

4245

MAR 1 9 1935

1. PLACE OF DEATH

County: Andrew — Registration District No.: 16

Township: Rochester — Primary Registration District No.: 5020

City: (No. 1½ miles N.E. Helena Mo. St. Ward)

File No.:

Registered No.: 2

2. FULL NAME: America Hampton

(a) Residence, No. Helena, Mo. R.F.D. #2 St., 1½ miles north east 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: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Marion Hampton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 24, 1863

7. AGE — YEARS: 71 — MONTHS: 7 — DAYS: 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

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): Andrew County Missouri

FATHER

13. NAME: James W. Roberts

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

MOTHER

15. MAIDEN NAME: Sarelda Piebern

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Kentucky

17. INFORMANT (ADDRESS): James W. Hampton Helena, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Helena Cemetery DATE: Feb 10, 1935

19. UNDERTAKER (ADDRESS): Frank A. Bowman Swannah, Mo.

20. FILED: Feb 8, 1935 Mrs. Bettie Boggess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1935, to ....., 19.... I last saw her alive on Feb 5, 1935. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

	Date of onset
Cancer of Liver	1934
46	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Clinical 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? (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): E. M. Reynolds, M. D.

(Address): Union Star, 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