L P Pearson

AUG 20 1935

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

Do not use this space.

24055

1. PLACE OF DEATH
County: Pike — Registration District No.: 689
Township: — Primary Registration District No.: 3033
City: Louisiana (No. 704 N Cap St., Ward)

File No.:
Registered No.:

2. FULL NAME: Bert Hampton
(a) Residence, No. 704 N Cap 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3/31/06 3-[redacted]/[redacted]-06

7. AGE: Years 29 — Months 8 — Days 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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): Easter
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marble Head Ill

FATHER
13. NAME: James M Hampton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sangamon Co. Ill

MOTHER
15. MAIDEN NAME: Jennie Weeks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rockport Ill

17. INFORMANT (ADDRESS): Mrs Jennie Hampton Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pike Co Ill DATE: 7/17 35

19. UNDERTAKER (ADDRESS): F C Haley Louisiana Mo

20. FILED 7/16 1935 F C Haley Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1935, to July 15, 1935. I last saw him alive on July 15, 1935. Death is said to have occurred on the date stated above, at 7:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	8 Mos

Other contributory causes of importance:

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) J M Pearson, M. D.
(Address) Louisiana 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 INFADING INK—THIS IS A PERMANENT RECORD