FEB 18 1936

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

Do not use this space.

746

1. PLACE OF DEATH
County Wayne — Registration District No. 252 — File No. 1
Township Jamesport — Primary Registration District No. 5351 — Registered No. 2
City Jamesport Mo (No. ..... St. ..... Ward)

2. FULL NAME Frank Hampton
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 5. 1-1894
7. AGE: YEARS 42 — MONTHS 3 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mason
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): Jameson Mo

FATHER
13. NAME: Joseph Hampton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Mary Cline
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Tom Hampton Jamesport Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Jamesport Mo DATE Jan 13 1936
19. UNDERTAKER (ADDRESS): C. L. Robertson Jamesport Mo
20. FILED 1-13 1936 Nelle Wiles Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1936, to Jan 11, 1936
I last saw him alive on Jan 11, 1936. Death is said to have occurred on the date stated above, at 7:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Jan 8 1936

Other contributory causes of importance: Atrophic Cirrhosis of liver.

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) F. B. Bailey R.D.
(Address) Jamesport Mo

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.