

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

Do not use this space.

**DEC 3 1936**

**35147**

**1. PLACE OF DEATH**

County Missouri Registration District No. 651 File No. \_\_\_\_\_  
 Township St. Louis Primary Registration District No. 5862 Registered No. 118  
 City St. Louis State \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Harold Eugene 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-30-1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 2 29

OCCUPATION  
 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) (STATE OR COUNTRY) St. Louis, Mo.

FATHER  
 13. NAME Gal Hampton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lifton, Va.

MOTHER  
 15. MAIDEN NAME Annie Hails

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ridley, Va.

17. INFORMANT (ADDRESS) Gal Hampton, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Brown DATE 9-29-36

19. UNDERTAKER (ADDRESS) German Undert Co, St. Louis, Mo.

20. FILED Oct 30 1936 G. A. Martin Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-29-36

22. I HEREBY CERTIFY, That I attended deceased from 9-26-36 to 9-29-36

I last saw him alive on 9-28-36 Death is said to have occurred on the date stated above, at 12 P.M.

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

Iles Colitis (acute) Date of onset \_\_\_\_\_

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) P. E. Cooper, M. D.

(Address) Coates, 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.

*A. M.*

