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.

APR 28 1937

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

Do not use this space.

1. PLACE OF DEATH
County Stoddard — Registration District No. 839 — File No. 13853
Township — Primary Registration District No. 4510 — Registered No. 8
City Essex (No. ..... St. ..... Ward)

2. FULL NAME Chas Terry 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 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) Dec 1 - 1886 -
7. AGE 50 - YEARS 3 MONTHS 9 DAYS If LESS than 1 day, ... hrs. or ✓ min.

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) Warren Co, Ky

FATHER
13. NAME George Hampton.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co. Ky.

MOTHER
15. MAIDEN NAME Alice Jones -
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bolin Green Ky

17. INFORMANT (ADDRESS) Roberta Duckworth Dexter, Mo R#1.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Essex Cem DATE 3-10th 1937
19. UNDERTAKER (ADDRESS) None
20. FILED 3-9- 1937 J. P. Brandon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1937
22. I HEREBY CERTIFY, That I attended deceased from March 3 - 1937, to March 9, 1937
I last saw him alive on March 6 - 1937 Death is said to have occurred on the date stated above, at 1:20 a.m.
The principal cause of death and related causes of importance were as follows:
~~Cerebral~~ Cerebral Hemorrhage — Date of onset 3/3/37
Other contributory causes of importance: 82 a1
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? no.
If so, specify
(Signed) J. P. Brandon, M. D.
(Address) Essex, Mo.