

JUN 25 1937

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

Do not use this space.

20956

1. PLACE OF DEATH

County Pettis
Township Sudley
City Sudley (No. 9)

Registration District No. 668Primary Registration District No. 3032

File No. 166/67
Registered No. 722
St. 7 Ward 608

2. FULL NAME

(a) Residence, No. Rosie Hampton
(Usual place of abode) 409 W Morgan St.

Ward. 7

(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 <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-26-1885</u>		
7. AGE <u>51</u>	YEARS <u>11</u>	MONTHS <u>25</u>
DAYS <u>25</u>		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) Vernonville Mo.13. NAME Jacob Hunter14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Eliza Martin16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT (ADDRESS) James Hampton18. BURIAL, CREMATION, OR REMOVAL PLACE Smithton DATE May 25 193719. UNDERTAKER (ADDRESS) Price Alexander20. FILED May 24 1937 John Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/21, 193722. I HEREBY CERTIFY, That I attended deceased from 5/20, 1937, to 5/21, 1937I last saw her alive on 5/21, 1937 Death is saidto have occurred on the date stated above, at 4:38 m.

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

Nephritis with complications

Date of onset

124 B1

Other contributory causes of importance

curriculum vitae

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

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) A. W. E. Dancy, M. D.(Address) 104 1/2 N Main St. Springfield 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.

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

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