

OCT 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County: Carter Co
Township: Jackson
City: Ellisville (No. _____)

Registration District No. 144
Primary Registration District No. 02172

File No. 33900
Registered No. _____
Sub. _____ Ward _____

2. FULL NAME

Hampton H Stratton

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1937, to Sept 18 1937
I last saw him alive on Sept 15 1937 Death is said to have occurred on the date stated above, at 10:00 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24-1893

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

7. AGE YEARS 94 MONTHS 2 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

Myocarditis
Chronic arteriosclerotic nephritis

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. minister

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 _____

Other contributory causes of importance: 131

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Obion Co Tenn

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT W. E. Conroy (ADDRESS) unknown

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel Hill DATE Sept 20 1937

19. UNDERTAKER Treer Funeral Service (ADDRESS) Poplar Bluff Mo

20. FILED Oct 8 1937 Paul Brooks Registrar

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) Wm Hossington, M. D.

(Address) Poplar Bluff Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION
FATHER
MOTHER

18

2

31

