

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.

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

Do not use this space.

40179

DEC 20 1937

1. PLACE OF DEATH

County *Jackson*
Township *Kear*
City *K. C. Mo* (No. *718* *Troost, Avenue*)

Registration District No. *399*
Primary Registration District No. *1002*

File No.
Registered No. *4493*
St. Ward)

2. FULL NAME

John Franklin Hamplin

(a) Residence, No. *718* *Troost* St. Ward.

(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 (write the word) *married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov-5-1937*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mary H. Hamplin*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 3*, 1937, to *Nov 9*, 1937.

I last saw him alive on *Nov 3*, 1937. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 15-1882*

to have occurred on the date stated above, at *9:30* a.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *55 5 20*

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Salesman*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *not employed*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Coronary Embolism

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Lava*

93c
Other contributory causes of importance: *Chronic Myocardial Degeneration*

MOTHER 13. NAME *William Hamplin*

Name of operation Date of

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME *Amanda York*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT *Mrs Mary H Hamplin* (ADDRESS) *718 Troost apt-8*

Manner of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE *Greentown* DATE *Nov 9 1937*

Nature of injury

19. UNDERTAKER (ADDRESS) *Walter B. Galtman*

24. Was disease or injury in any way related to occupation of deceased? If so, specify

20. FILED *Nov 8 1937* Registrar.

(Signed) *W. J. C. Kelton* (Address) *Wellington Mo.*

DEC 17 1948