

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.

1270 MAR 15 1939

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

Do not use this space.

File No. 7451  
 Registered No. 68  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Pettis Registration District No. 668  
 Township \_\_\_\_\_ Primary Registration District No. 3002  
 City Sedalia (No. \_\_\_\_\_)

**2. FULL NAME**

James Hampton

(a) Residence, No. Sedalia 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22 1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>64</u>	<u>6</u>	<u>7</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
 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) Otterville Mo

FATHER  
 13. NAME Thomas Hampton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER  
 15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Pearl Hampton  
 (ADDRESS) 4622 Calumet Ave. Chicago

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Smithton DATE Feb 24 1939

19. UNDERTAKER Prine Alexander  
 (ADDRESS) 1400 W. Cooper St.

20. FILED 2-24-39 1939 Mrs. Henry Sued  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1939

22. HEREBY CERTIFY, That I attended deceased from Jan 1 1939 to Feb 19 1939  
 I last saw him alive on Feb 15 1939 Death is said to have occurred on the date stated above, at 4 p.m.  
 The principal cause of death and related causes of importance were as follows:

Myocarditis chronic  
shock embolus acute  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: 93C  
age

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? no  
 If so, specify J. E. Suther  
 (Signed) Sedalia Mo. M. D.  
9:16 (Address) \_\_\_\_\_

RECEIVED  
District Health Officer No. 8,  
District File Number 8/6/39  
Date Filed