

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

1740
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. St. Joseph's Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 80 yrs. 9 mos. 15 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

5/3 Mattie A. Hampton
 (a) Residence, No. 701 S. 10th St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|--|---|---|---|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Hampton</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 8, 1859.</u> | | | | |
| 7. AGE YEARS <u>80</u> | MONTHS <u>9</u> | DAYS <u>15</u> | IF LESS than 1 day, _____ hrs. _____ min. | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At Home</u> | | | |
| | 9. Industry or business in which work was done, as 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) <u>Buchanan County</u> (STATE OR COUNTRY) <u>Missouri</u> | | | | |
| FATHER | 13. NAME <u>Martin Critchfield</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Kentucky</u> | | | |
| MOTHER | 15. MAIDEN NAME <u>Mary Brady</u> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Kentucky</u> | | | |
| 17. INFORMANT <u>Mrs. R. E. Critchfield</u> (ADDRESS) <u>2324 Lafayette - St. Joseph, Mo.</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Faucett, Mo.</u> DATE <u>Jan. 26</u> <u>1940</u> | | | | |
| 19. FUNERAL DIRECTOR (NAME) <u>H. O. Sidenaden & Son</u> (ADDRESS) <u>St. Joseph, Mo. 1802 Union Str.</u> | | | | |
| 20. FILED <u>Jan 25 1940</u> <u>H. J. Neel</u> Local Registrar. | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 23 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-22, 1940, to 1-23, 1940

I last saw her alive on 1-23, 1940 Death is said to have occurred on the date stated above, at 5:15 P. M.
 The principal cause of death and related causes of importance were as follows:

General arteriosclerosis
Myocarditis
Thromboly decerebration

Other contributory causes of importance: 93 D

Name of operation _____ Date of _____
 What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

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) Cover W. Tracy M. D.
85 (Address) KIRKPATRICK BLDG. St. Joseph

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Robert P. Carlson.

Licensed Embalmer No. 4028

P. O. Address 1802 Union St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.