

RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

PLACE OF DEATH
County Randolph
or
Township Reicks, Mo.
or
Village Mo.
or
City Mo. (NO. _____) St. _____ Ward _____

Registration District No. 736 File No. 10651
Primary Registration District No. 4440 Registered No. 7

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Jasper Hamilton

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR OR RACE <u>white</u>	SINGLE - MARRIED MARRIED <u>married.</u> WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH <u>March 27</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>September 9, 1860</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Mar 7th</u> , 191 <u>2</u> , to <u>Mar 27th</u> , 191 <u>2</u> ,	
AGE <u>51</u> yrs. <u>6</u> mos. <u>18</u> ds.			that I last saw him alive on <u>March 27th</u> , 191 <u>2</u> ,	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer.</u>			and that death occurred, on the date stated above, at <u>11:20</u> a.m.	
(b) General nature of industry, business, or establishment in which employed (or employer)			The CAUSE OF DEATH* was as follows:	
BIRTHPLACE (City or town, State or foreign country) <u>Mo. 1-8-8</u>			<u>Carcinoma of Pancreas</u> <u>Found by Postmortem Exam.</u> <u>46 & 1/2</u> (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	NAME OF FATHER <u>James Hamilton</u>		Contributory <u>Hydropy of Gall Bladder</u> (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mo.</u>		(Signed) <u>H. M. Dickerson</u> M. D. <u>Mar 27th</u> , 191 <u>2</u> (Address) <u>Reicks, Mo.</u>	
	MAIDEN NAME OF MOTHER <u>Martha E. Hamilton</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo.</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) <u>20</u> At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>Mrs Jasper Hamilton</u>			Where was disease contracted if not at place of death? _____ Former or usual residence _____	
(ADDRESS) <u>Reicks, Mo.</u>			PLACE OF BURIAL OR REMOVAL <u>Oakland Cemetery</u>	
Filed <u>Mar 30</u> , 191 <u>2</u> , <u>Henry H. Kinsler</u> , REGISTRAR			DATE OF BURIAL <u>Mar 29</u> , 191 <u>2</u>	
			UNDERTAKER <u>Martin & Mahan</u>	
			ADDRESS <u>Moberly, Mo.</u>	

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

[If death occurred in a hospital or institution, give its NAME instead of street and number]

PLACE OF DEATH
 County Randolph
 Township _____
 or _____
 Village Remick Mo
 or _____
 City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 736 File No. 10651
 Primary Registration District No. 4440 Registered No. 7

FULL NAME Jasper Hamilton

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>m</u>	COLOR OR RACE <u>w</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>m</u>
DATE OF BIRTH <u>Sept 9</u> , 18 <u>60</u> (Month) (Day) (Year)		
AGE <u>51</u> yrs. <u>6</u> mos. <u>18</u> ds.		IF LESS than 1 day, ___ hrs. ___ min. or ___ min. 2
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Mo</u>		
PARENTS	NAME OF FATHER <u>James Hamilton</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mo</u>	
	MAIDEN NAME OF MOTHER <u>Mattha E Hamilton</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>same name</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>James Jasper Hamilton</u> (ADDRESS) <u>Remick Mo</u>		
FILED <u>Mar 27</u> 191 <u>2</u> <u>Henry Kimbrough</u> REGISTRAR		

DATE OF DEATH Mar 27, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 7, 1912, to Mar 27, 1912, that I last saw him alive on Mar 27, 1912, and that death occurred, on the date stated above, at 11:20 P.M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Paucum, found on P. M. examination

(Duration) ___ yrs. ___ mos. ___ ds.
 Contributory Hydrops of Gall Bladder
 (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.
 (Signed) Wm Dickerson M. D.
Mar 27, 1912 (Address) Remick Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence.

PLACE OF BURIAL OR REMOVAL <u>Oakland Cem</u>	DATE OF BURIAL <u>3/27</u> , 191 <u>2</u>
UNDERTAKER <u>Martin & Mahan</u>	ADDRESS <u>Moberly Mo</u>

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[Approved by U. S. Census and American Public Health
Association]

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Whooping cough; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)