

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

Do not use this space.

12386

1. PLACE OF DEATH

County Miss
Township Jefferson
City Charleston (No.) St. Ward)

Registration District No. 566
Primary Registration District No. 3030

File No.
Registered No. 35

2. FULL NAME Franklin Ludeell Hamilton

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Rosa Hamilton
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/26/1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>65</u>	<u>1</u>	<u>3</u>	

8. OCCUPATION OF DECEASED 13
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 13
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Quincy Miss.
(STATE OR COUNTRY)

10. NAME OF FATHER Henry Hamilton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. William Hamilton
INFORMANT (Address) Charleston Mo

15. April 29th 1927 F. S. Vernon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/29 1927

17. I HEREBY CERTIFY, That I attended deceased from April 18, 1927, to April 29, 1927
that I last saw h. l. m. a. alive on April 18, 1927, and that death occurred, on the date stated above, at 1 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency
(Chronic Valvular Disease
of heart)
(duration) 1 yrs. mos. ds.

CONTRIBUTORY Chronic nephritis
(SECONDARY)
(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 12900
IF NOT AT PLACE OF BIRTH
DID AN OPERATION PRECEDE DEATH? 12900 DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. S. Love, M. D.
4/29, 1927 (Address) Charleston, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Oak Grove Cemetery DATE OF BURIAL 4/1 1927

20. UNDERTAKER The Love Salmon Co. ADDRESS Charleston Mo

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.

31 1927

