

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

Do not use this space.

17763

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.

JUL 25 1927

1. PLACE OF DEATH

County Cass
Township Grand River
City Harrisonville (No.)

Registration District No. 1576
Primary Registration District No. 4090

File No.
Registered No. 17
St. Ward)

2. FULL NAME William Duncan Hamilton

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

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5 1927

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

17. I HEREBY CERTIFY, That I attended deceased from June 3, 1927, to June 5, 1927, that I last saw him/her alive on June 5, 1927, and that death occurred, on the date stated above, at 10:00 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8-1857

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS | **IF LESS than 1 day,** hrs. or min.
69 | 10 | 27 |

Chronic Myocarditis
with Pericardial Effusion

CONTRIBUTORY (SECONDARY) 90B

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH,

9. BIRTHPLACE (CITY OR TOWN) Kingston
(STATE OR COUNTRY) Ohio

DID AN OPERATION PRECEDE DEATH, DATE OF

10. NAME OF FATHER Robert Hamilton

WAS THERE AN AUTOPSY?

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Virginia

WHAT TEST CONFIRMED DIAGNOSIS,

12. MAIDEN NAME OF MOTHER Gemima Potter

(Signed) A. May, M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Virginia

, 19 (Address) Harrisonville Mo

14. INFORMANT Walter H. Duncan
(Address) 132 S. Laurel Ave. Harrisonville

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oakland Cemetery DATE OF BURIAL 6/7 1927

15. FILED June 6 1927 D. S. Long REGISTRAR

20. UNDERTAKER Rennenburger Bros & Co Harrisonville Mo

