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

Do not use this space.

25643

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 7240

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. Enroute Cty Hospital St. ..... Ward)

2. FULL NAME Perry W. Hamilton

(a) Residence. No. 823 N. 6 St., 25 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 28 - 1865

7. AGE: 62 YEARS, 1 MONTHS, 12 DAYS. If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Frankfort Ill

PARENTS

10. NAME OF FATHER: Samuel Hamilton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Pa.
12. MAIDEN NAME OF MOTHER: Mary Raundtree
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ill

14. INFORMANT: Earl R. Hamilton
(Address) Benton Ill

15. FILED AUG 11 1927 Max C Starscoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 10 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... that I last saw h..... alive on ..... 1 30 P. 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemorrhage due to Rupture Aortic Aneurism (duration) ..... yrs. ..... mos. .....

CONTRIBUTORY (SECONDARY): Urina (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? .....

10/ (Signed) ..... Vitt, M. D
Vitt, 1927 (Address) Coroner

*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: Benton Ill. DATE OF BURIAL: Aug 14 1927

20. UNDERTAKER: Molan & Mitchell ADDRESS: Benton Ill

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.

[illegible] INFORMATION IS A PERMANENT RECORD