

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

Do not use this space.

28127¹⁹

1. PLACE OF DEATH

County Repley

Registration District No. 751

Township Spencer

Primary Registration District No. 5990

City Atchison

File No. 182

Registered No. 23

St. _____ Ward _____

2. FULL NAME

Mary Elizabeth Hamilton

(a) Residence. No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 9, 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>67</u>	<u>6</u>	<u>10</u>	<u>10</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) don't know
(STATE OR COUNTRY) Ind.

10. NAME OF FATHER Stephen P. Boswell

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

12. MAIDEN NAME OF MOTHER don't know

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

14. INFORMANT M. H. Hamilton
(Address) Madison, Ill. 5th St. 5th St.

15. FILED 9/21, 1927
Atchison REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 19 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1927, to Sept 19, 1927, that I last saw him alive on Sept 19, 1927, and that death occurred, on the date stated above, at 5 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy
High blood pressure
(duration) 2 yrs. 2 mos. 2 da.
CONTRIBUTORY (SECONDARY) High blood pressure
(duration) (?) yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) H. Hamilton, M. D.

9/19, 1927 (Address) Taylor 2nd

*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 antioch care DATE OF BURIAL 9/20 1927

20. UNDERTAKER Wm. H. H. Taylor ADDRESS Taylor

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.

