

153--
MAR 16 1928

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

Do not use this space.

4123

1. PLACE OF DEATH

County Bachman
Township St Joseph
City St Joseph (No. State Hosp no 2)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 221
St. _____ Ward _____

2. FULL NAME

Ben F 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. 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

Ada M Swigert

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

7/26/1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

51

6

25

8. OCCUPATION OF DECEASED

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

Railway mail clerk

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

Henry S Hamilton

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Mo

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Margaret Thomas

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mo

(STATE OR COUNTRY)

PARENTS

14. FORMANT

State Hospital, Mo

15. FILED

1928

John B. Utz
REGISTRAR

1. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/21/28 19

17. I HEREBY CERTIFY, That I attended deceased from 1/6/28, 1928, to 2/21/28, 1928, that I last saw him alive on 2/11/28, 1928, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93 General Paralysis
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

76
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

0 DID AN OPERATION PRECEDE DEATH, no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) JH Harrison, M. D.

2/20, 1928 (Address) State Hospital

*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

Kirksville Ce DATE OF BURIAL 2-23 1928

20. UNDERTAKER

Taylor-Riley ADDRESS Kirksville

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGEE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

