WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space. 6634

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. 5600, Arsenal St. ..... Ward)

File No. .....

Registered No. 1582

2. FULL NAME LAMAR HAMILTON

(a) Residence. No. 3207 Lucas St., 21 Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Blk.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

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

7. AGE: Abt 21 ? Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): 10 104 152
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dermont Ark

PARENTS
10. NAME OF FATHER: Julious Hamilton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Miss.
12. MAIDEN NAME OF MOTHER: Annie Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Morhouse Parrish La.

14. INFORMANT: Annie Gillum
(Address): Dermont Ark

15. FILED FEB 12 1928 Mary C Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb-9 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb-9, 1928, to Feb-9, 1928 that I last saw him alive on Feb-9, 1928 and that death occurred, on the date stated above, at 11:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diphtheria - Pharyngeal + Nasal
Cellulitis of Neck
(duration) 0 yrs. 0 mos. 7 ds.

CONTRIBUTORY (SECONDARY): Bronchopneumonia
(duration) 0 yrs. 0 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 3207 Lucas
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) George H. Garrison M.D.
2/9, 1928 (Address) VOLATION 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: Dermont Ark
DATE OF BURIAL: Feb 12th 1928

20. UNDERTAKER: Peoples Und Co
ADDRESS: 3100 Franklin

Education