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

15195

Do not use this space.

14928

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis, Mo. (No. Mo Baptist Sanitarium St. ..... Ward)

File No. 4120

Registered No. .....

2. FULL NAME Cady P. Hamlin

(a) Residence. No. Hillsboro, Ill. St., 12 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED~~, OR DIVORCED, HUSBAND OF ~~(OR) WIFE OF~~ Blanche Hamlin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 24, 1879

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
48	4	22	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Nokomis
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Palmer Hamlin

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

12. MAIDEN NAME OF MOTHER Jane Squires

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

14. INFORMANT Mrs. Blanche Hamlin
(Address) Hillsboro, Ill.

15. FILED APR 15 1928 Max C. Stockley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apl 15 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 15th December, 1926, to Apl 14 1928, that I last saw h..... alive on Apl 14, 1928, and that death occurred, on the date stated above, at 8 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Streptococcic Menengitis

11B 11B

104B

(duration) 79 yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Influenza Operation removal of Bone in Nose for Sinusitis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? no

DID AN OPERATION PRECEDE DEATH? yes DATE OF Apl 12 1928

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Examination of Spinal fluid

(Signed) W. B. Shields, M. D

, 19 (Address) 3903 Olive

*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: Hillsboro, Ill

DATE OF BURIAL: 4/15/1928

20. UNDERTAKER: Bergesch Und. Co.

ADDRESS: 3661 Washington

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.