

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

Do not use this space.

18278

1. PLACE OF DEATH

Country St. Genevieve Registration District No. 783
Township Union Bldg Primary Registration District No. 6029
City..... (No.....) St..... Ward.....

File No.....
Registered No.....
St..... Ward.....

2. FULL NAME

(a) Residence, No..... St..... Ward Farmington Mo. RFD No. 3
(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.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>husband of Suzzie Hamars</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>11</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>2</u>
	DAYS <u>23</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> 131 (b) General nature of industry, business, or establishment in which employed (or employer) <u>91</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>St. Genevieve</u> (STATE OR COUNTRY) <u>Missouri</u>		
10. NAME OF FATHER <u>James Hamars</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)		
12. MAIDEN NAME OF MOTHER <u>Catharin Keedman</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)		
14. INFORMANT <u>Mary E Hamars</u> (Address)		
15. FILED <u>730 28 Old Boyd</u> 19. <u>28</u> REGISTRAR		

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 1926, 1926, to May 29, 1928 that I last saw him alive on 5/28, 1928, and that death occurred, on the date stated above, at 6:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio Sclerosis and Chronic Bright Disease Nephritis
..... (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 290
..... (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) John H. Hines, M. D.
730, 1928 (Address) Farmington, Mo

*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 Reverent Hill Cemetery DATE OF BURIAL 5/30 1928

20. UNDERTAKER None ADDRESS

WHILE IN PENITENTIARY, 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. Age 69 yrs 2 mo 23 days.

JUL 2

State blue
form

FORM

STATE OF MICHIGAN

Every item of information should be carefully checked and verified before being placed on this form. Exact statements should be given. CAUSE OF DEATH in official records - so that it may be properly classified.

REGISTRATION

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Genevieve Registration District No. 283 File No.
 Township Valine Primary Registration District No. 6029 Registered No.
 City (No.) St. Ward

2. FULL NAME

Joel Newton Hamar
 (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) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) mdc 6 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>69</u>	<u>2</u>	<u>23</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work (duration) yrs. mos. ds.
 (b) General nature of industry, business, or establishment in which employed (or employer) (duration) yrs. mos. ds.
 (c) Name of employer

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 5/30 1928 C. A. Boyd Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29 1928

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

THE CAUSE OF DEATH WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) (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?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D. , 19 (Address)

*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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

INDEPENDENT RECORD

3 INK

NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

24
27

10/1/1950

10/1/1950

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S-18278