AUG 27 1921

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

1. PLACE OF DEATH
County Newton — Registration District No. 612 — File No. 21382
Township Vanburen — Primary Registration District No. 5814 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME William H. 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 14 - 1874
7. AGE: YEARS 53 — MONTHS 6 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McDonald Co. Mo.

PARENTS
10. NAME OF FATHER William Hamilton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Jane Miser
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) McDonald Co. Mo.

14. INFORMANT Frank Hamilton
(Address) Ritchey Mo. R. 1
15. FILED Aug. 8, 1928 C. P. Moody REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11 1928
17. I HEREBY CERTIFY, That I attended deceased from May 12, 1927, to June 11, 1928 that I last saw him alive on May 31, 1927, and that death occurred, on the date stated above, at 8 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Epithelioma of face
48
(duration) 14 yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) .....
(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) R. F. Cheatham, M. D
6/11, 1928 (Address) Diamond 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: Powers Cemetery — DATE OF BURIAL: 6/12 1928
20. UNDERTAKER: Brookshire-Bigham — ADDRESS: Diamond Mo.