

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.

22252

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No. 2947)

Scottsblum

791

1003

File No.....

Registered No.....

6434

St.....

Ward.....

2. FULL NAME

(a) Residence, No.....

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS**3. SEX**

Female

4. COLOR OR RACE

Cauc

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

Married

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

John

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

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

About 95

8. OCCUPATION OF DECEASED

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

Housewife

(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)

Neenah, Wis.

10. NAME OF FATHER

Robert Hamlet

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Iowa

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Iowa

14.

INFORMANT (Address)

Lizzie Spear
25 Portland**15.**

FILED

18 10

19 11

May 21 1928

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

6-16-1928

17.

I HEREBY CERTIFY That I attended deceased from

June 12

to

June 16

1928

that I last saw him alive on June 16, 1928, and that death occurred, on the date stated above, at 9:10 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral emboli

CONTRIBUTORY (SECONDARY)

Chronic mitral disease

nephritis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID OPERATION PRECEDE DEATH?

no

WAS THERE AN AUTOPSY?

no

WENT TEST CONFIRMED DIAGNOSIS

(Signed)

J. H. Brown

M. D.

6-18-1928 (Address)

1376 Franklin

*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

Washington Park

DATE OF BURIAL

6-16-1928

20. UNDERTAKER

Peoples Wood Co

ADDRESS

3700

