

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.

22889

1. PLACE OF DEATH
 County Madison Registration District No. 24
 Township Craver Primary Registration District No. 6-033
 City Ladsonia, Mo. (No. _____) St. _____ Ward _____
 2. FULL NAME Fred Hamilton
 (a) Residence (No. _____) St. _____ Ward _____
 (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 nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (or) WIFE OF Lula Hamilton
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 19 - 1862
 7. AGE YEARS MONTHS DAY If LESS than 1 day, _____ hrs. or _____ min.
66 2 10
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) Farming
 (c) Name of employer _____
 9. BIRTHPLACE (CITY OR TOWN) South Galley
 (STATE OR COUNTRY) Mo.
 10. NAME OF FATHER David Hamilton
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
 (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER Mary Covey
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
 (STATE OR COUNTRY) _____
 14. INFORMANT My Lula Hamilton
 (Address) Ladsonia Mo.
 15. FILED 8-3-1928 W.K. McCall REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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 16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 1928
 17. I HEREBY CERTIFY, That I attended deceased from April 21, 1928, to July 28, 1928.
 that I last saw h. a. m. alive on July 28, 1928, and that death occurred, on the date stated above, at A. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
4-13 Cancer of Stomach
R. 2. D.
44A (duration) 2 yrs. _____ mos. _____ ds.
 CONTRIBUTORY Paralysis of R. side
 (SECONDARY) (duration) _____ yrs. _____ mos. 2 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? General symptoms
 (Signed) R. B. Baize, D.O., M. D.
7-30-, 1928 (Address) Ladsonia, 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 | DATE OF BURIAL
Ladsonia Mo | July 31 1928
 20. UNDERTAKER | ADDRESS
J. H. Granger | Ladsonia Mo.

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