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

Do not use this space.

28194

1. PLACE OF DEATH
County Polk — Registration District No. 900 — File No.
Township Jackson — Primary Registration District No. 5 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME George Washington 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 76 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~~ Martha McKnight

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April, 27-1845

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
83	4	2	

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) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Polk County,
(STATE OR COUNTRY) Missouri,

PARENTS
10. NAME OF FATHER William N Hamilton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Chattanooga
(STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Nancy Robinson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn.

14. INFORMANT Chas. L. Hamilton
(Address) Morrisville. Mo

15. FILED ....., 19.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1928 to Aug 29, 1928 that I last saw him alive on Aug 29, 1928 and that death occurred, on the date stated above, at 6.30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Miocarditis

930 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 900 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Place of Death
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Sinned
(Signed) H J Hamel, M.D
, 19 (Address) Morrisville 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: Oakville Cemetery — DATE OF BURIAL: Sept-1 1928

20. UNDERTAKER: J. A. Brien & Sons. — ADDRESS: Walnut Grove Mo.

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.

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

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1. PLACE OF DEATH
County: Polk — Registration District No.: 700 — File No.: 8
Township: Jackson — Primary Registration District No.: 2-929 — Registered No.:
City: (No. St. Ward)

2. FULL NAME George Washington Hamilton

(a) Residence. No. St. Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	M

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha McKnight

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 27 - 1845

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(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
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15. FILED Nov 17 1928 E E Moore
REGISTRAR

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IF NOT AT PLACE OF DEATH? Place of death
DID AN OPERATION PRECEDE DEATH? — DATE OF
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. J. Harwell, M. D.
, 19 (Address) Morrisville Mo

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SUPPLEMENTARY

S-28194