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

Do not use this space.

37087

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.:
Township: Kaw — Primary Registration District No.: 1002 — Registered No.: 41051
City: Kansas City (No. Gen. Hospital No 2 St. Ward)

2. FULL NAME: Joseph Hamilton
(a) Residence: No. 558 Forest 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: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 22, 1903.

7. AGE: Years: 25 years. Months: Days: If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): Labor
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Kansas City
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Press Hamilton
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Not Known
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Lottie Wilson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Kansas City
(STATE OR COUNTRY): Missouri

14. INFORMANT: Mother: Lottie Johnson
(Address): 558 Forest

15. FILED: 11/26, 1928 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 22 1928

17. I HEREBY CERTIFY, That I attended deceased from November 13, 1928, to November 22, 1928, that I last saw h. alive on November 22, 1928, and that death occurred, on the date stated above, at 7:05 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypostatic Pneumonia (Lobar)
11 (duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY): General Paresis
Syphilis (duration) 1 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? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Physical-Lab-Autopsy
(Signed) W. M. Smith, M. D
11/23, 1928 (Address) Old City

*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: Quindaro — DATE OF BURIAL: 11/26 1928
20. UNDERTAKER: H. B. Moore — ADDRESS: 1820 E. 18th St.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD