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

Do not use this space. 1760

399

1. PLACE OF DEATH
County Jackson Registration District No. File No. 352
Township Kaw Primary Registration District No. 1002 Registered No.
City Kansas City (No. St Josephs Hosp St. Ward)

2. FULL NAME Robert Lee Hamilton

(a) Residence. No. St., Ward. Richmond Mo
(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.

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

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) Married
5a. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND ~~of~~ (or) ~~WIFE of~~ Lena Hamilton
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6 - 1866
7. AGE Years 62 Months 6 Days 18 If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Physician
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Richmond
(STATE OR COUNTRY) Mo
PARENTS
10. NAME OF FATHER Walter Hamilton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Danville
(STATE OR COUNTRY) Ken
12. MAIDEN NAME OF MOTHER Lucretia Shakelford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Carrolt
(STATE OR COUNTRY) Mo
14. INFORMANT Lena Hamilton
(Address) Richmond Mo
15. FILED 1-24 1929 M. M. Crowe Asst REGISTRAR

2 **MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1929
17. I HEREBY CERTIFY, That I attended deceased from Dec 15 1928, to Jan 24 1929, that I last saw him alive on Jan 23 1929, and that death occurred, on the date stated above, at 4 a m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Primary Carcinoma of Liver
46E
(duration) yrs. 4 mos. ds.
CONTRIBUTORY (SECONDARY) Fatty infiltration of heart
(duration) 2 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Richmond Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Harry L. Jones, M.D
1-24, 1929 (Address) Kansas City 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 Richmond Mo
DATE OF BURIAL Jan 25 1929
20. UNDERTAKER E Thurman
ADDRESS Richmond Mo

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