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

Do not use this space.

7191

1. PLACE OF DEATH
County Macon
Township
City La Plata (No. ..... St. ..... Ward)
Registration District No. 532
Primary Registration District No. 4318
File No.
Registered No. 5

2. FULL NAME James Fredrick Hamel
(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 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 W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25-1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
54	8	18	

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

9. BIRTHPLACE (CITY OR TOWN) La Plata
(STATE OR COUNTRY) Macon Co. Mo.

PARENTS
10. NAME OF FATHER John J. Hamel
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Margaret Obergin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Herbert I Sears
(Address) La Plata, Mo.

15. FILED 2/13, 1929 C H Buckley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 12 1929

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to Febry 11, 1929 that I last saw him alive on Febry 11, 1929, and that death occurred, on the date stated above, at 3 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris, with Pulmonary Edema.
97 (duration) yrs. mos. 5 hours.

CONTRIBUTORY (SECONDARY) Diabetes Mellitis, arteriosclerosis
(duration) 8 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At Place of death
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? none.
(Signed) H.O. Newton, M. D
2/12, 1929 (Address) La Plata 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 La Plata Cemetary
DATE OF BURIAL Feb 14 1929

20. UNDERTAKER D. S. Christie
ADDRESS La Plata 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.