

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

Do not use this space.

16910

99
MAY 29 1929

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.

PLACE OF DEATH
 County Saline Registration District No. 777
 Township Cambridge Primary Registration District No. 4474
 City State (No. 4474) St. _____ Ward _____

2. FULL NAME Georgia 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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>56</u>	<u>✓</u>	<u>✓</u>	

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-25 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr. 25th 1929 to Apr. 25 1929 (that I last saw him alive on Apr. 3 1929 and that death occurred, on the date stated above, at 3:30 a.m.)

THE CAUSE OF DEATH WAS AS FOLLOWS:
myocardial incompetence
acute

(duration) yrs. mos. da. 73 D

CONTRIBUTORY (SECONDARY) POC
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT A PLACE OF DEATH, _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Asst. Snoddy, M. D.
4-26, 1929 (Address) State 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 <u>Rehoboth Cemetery</u>	DATE OF BURIAL <u>4-26 1929</u>
20. UNDERTAKER <u>Hill Brothers</u>	ADDRESS <u>State</u>

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) mo.

10. NAME OF FATHER Don't know

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) ✓

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) ✓

14. INFORMANT Larry Cooper
 (Address) State mo.

15. FILED 4-26-29 W. M. Tuttle
 REGISTRAR

