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

Do not use this space.

23926

File No. 5-3

Registered No.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 86

Township: Washington — Primary Registration District No.: 5127

City: St. Joseph Mo. (No. R.F.D. #7 St. Ward)

2. FULL NAME: Ella Jane Hamilton

(a) Residence. No. R.F.D. #7 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 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)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: David Hamilton

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 23 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	68	0	9	

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

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

PARENTS

10. NAME OF FATHER: King Taylor.
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Tenn.
12. MAIDEN NAME OF MOTHER: Katherine Perry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Indiana

14. INFORMANT: Mrs. Nora Fender
(Address): R.F.D. #7

15. FILED: Aug 2 19 29 J. J. Dunahoe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 31, 1929

17. I HEREBY CERTIFY, That I attended deceased from July 17, 1928, to July 30, 1929, that I last saw h... alive on July 30, 1929, and that death occurred, on the date stated above, at 5:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Heart Disease
Mitral Chronic
Chr. Interstitial Nephritis
131
920 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: Home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) A. R. Timerman M. D.
8/1, 1929 (Address) St. Joseph 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: Mt. Mora — DATE OF BURIAL: Aug. 2 1929

20. UNDERTAKER: Sleeman Funeral Home — ADDRESS: 1946 Poplar

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.