

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

Do not use this space.

35320

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 5003

City St. Louis, Mo. (No. 5255 Page Blvd.)

File No.

Registered No. 10063

St. Ward)

2. FULL NAME

Mont M. Hamlin

(a) Residence. No. 5255 Page Blvd. St. 6 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. 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)

Male White Married

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

Fannie Hamlin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 16, 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>73</u>	<u>6</u>	<u>29</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Doctor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Brevard
(STATE OR COUNTRY) N. Car.

10. NAME OF FATHER Rev. J. R. Hamlin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Brevard
(STATE OR COUNTRY) N. Car.

12. MAIDEN NAME OF MOTHER Maryann King

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Brevard
(STATE OR COUNTRY) N. Car.

14. INFORMANT E. Long
(Address) Bourbon Mo

15. FILED 1123 May 1 1929 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 17 19 29

17. I HEREBY CERTIFY, That I attended deceased from Sept 29 19 29 to Oct 17 19 29 and that I last saw him alive on Oct 15 19 29 and that death occurred, on the date stated above, at 3:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral apoplexy 82A
137
1355

myocard (duration) 14 yrs. 14 mos. 14 ds.

CONTRIBUTORY Chronic cystitis due
(SECONDARY) to Chronic prostatitis (duration) 10 yrs. 10 mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
Oct (Signed) A. F. Stephens, M. D.

13 19 29 (Address) Little Bldg

*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

DATE OF BURIAL

Oak Grove

10/17 19 29

20. UNDERTAKER

ADDRESS

E. Long

Bourbon 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.

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

213
2

