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.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38500

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 10892

City St. Louis (No. Cenouth City Hosp. #2 St. ..... Ward)

2. FULL NAME Thomas Hamilton

(a) Residence. No. 2704 Franklin Ave. St. 21 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE Colored | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 1, 1892

7. AGE 37 YEARS | MONTHS 3 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Gleason
(STATE OR COUNTRY) Tenn

PARENTS

10. NAME OF FATHER March Hamilton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lottie Wiggins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)

14. INFORMANT Carrie Hamilton
(Address) 2704 Franklin Ave

15. FILED ....., 19.... Max C. Harker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 2 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19...., that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 10 45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Haemorrhage of Brain (Fractured Skull)
Struck by Auto
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 21 CM St. Louis Mo.
82A (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH? 1880
DID AN OPERATION PRECEDE DEATH? ..... DATE OF 200
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Kerner, M.D.
11/4, 1929 (Address) Dep. Coroner

*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 McKenzie Tenn. | DATE OF BURIAL Nov. 9 1929

20. UNDERTAKER Metropolitan Funeral Home | ADDRESS 3229 Lucas Ave