

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.

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

Do not use this space.

7872

1. PLACE OF DEATH

County Butler Registration District No. 88 File No. \_\_\_\_\_  
Township Neely Primary Registration District No. 5130 Registered No. 9  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Henry 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Bachelor</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>1865 Estimated</u>		
7. AGE <u>Estimated 68</u>	YEARS	MONTHS
	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Farming</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) <u>Alabama</u> (STATE OR COUNTRY)		

PARENTS	10. NAME OF FATHER <u>Unknown</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)

14. INFORMANT Wiley Owen Jr.  
(Address) Neelyville, Mo.

15. FILED 3-5 1930 R. L. Turner.  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 4 1930  
17. I HEREBY CERTIFY, That I attended deceased from Mar. 9, 1930, to Mar. 4, 1930, that I last saw him alive on Mar. 3, 1930, and that death occurred, on the date stated above, at 11:50 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Valvular Heart Disease  
92 B  
75 B  
(duration) yrs. 6 mos. da.  
CONTRIBUTORY Alcoholic Intemperance  
(SECONDARY) (duration) 20 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) R. L. Turner. \_\_\_\_\_, M. D.  
3/4 1930 (Address) Neelyville, 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>Roberts Cemetery # 2</u>	DATE OF BURIAL <u>3-5-1930</u>
20. UNDERTAKER <u>Friends and Neighbors.</u>	ADDRESS

