MAR 28 1930

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

Do not use this space.

9527

1. PLACE OF DEATH

County Mercer — Registration District No. 554 — File No.

Township Madison — Primary Registration District No. 5748 — Registered No.

City Mill Grove (No. ..... St. ..... Ward)

2. FULL NAME Thomas M. 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 15, 1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	3	19.	

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Mercer County

PARENTS

10. NAME OF FATHER Arch Hamilton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mercer County

12. MAIDEN NAME OF MOTHER Elizabeth Earlstson

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

14. INFORMANT Millie Hamilton
(Address) Mill Grove MO

15. FILED 3/5 1930 E. C. Amote REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1929 ~~March 1~~, 1929, to Mar 4, 1930 that I last saw him alive on Mar 4, 1930 and that death occurred, on the date stated above, at 11 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myeloid Leukemia
72A
(duration) 1+ yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 65A
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical & Laboratory
(Signed) C. J. Lewis, M. D.
, 19 (Address) Princeton 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: Hamilton
DATE OF BURIAL: March 5 1930.

20. UNDERTAKER: Noel Moss
ADDRESS: Princeton Mo.