

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

Do not use this space.

18890

1. PLACE OF DEATH

County Cass
Township Grand River
City Harrisonville (No. _____)

Registration District No. 156
Primary Registration District No. 14090

File No. _____
Registered No. 31
St. _____ Ward) _____

2. FULL NAME

Eliza Jane Hamontree

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Theodore R Hamontree

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 13 - 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>70</u>	<u>9</u>	<u>24</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Homemaker
(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) Tennessee

10. NAME OF FATHER Jefferson Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER Alice Charter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Tennessee

14. INFORMANT Mrs. Claude Horton

(Address) Little Blue, Mo.

15. FILED 6/8 30 A. S. Pong REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7 1930

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1930, to June 7, 1930, that I last saw her alive on June 7, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage with paralysis of right side of body.

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY arterial insufficiency
(SECONDARY)

(duration) 5 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? General Clinique and Experiments

(Signed) M. P. D. ... M. D.

, 19 _____ (Address) Harrisonville

*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

Freeman Mo. DATE OF BURIAL 6/8 1930

20. UNDERTAKER

Rummenburger Bros Co ADDRESS Harrisonville

WHITE PLAINLY, WITH UNFADING INK—THIS IS A VITAL RECORD. 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.

Dr. ...

