

OCT 29 1930

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

Do not use this space.

## 1. PLACE OF DEATH

County Knox  
Township Waller  
City Knox City (No. ....)

Registration District No. 444  
Primary Registration District No. 4262

File No. 30338  
Registered No. 14  
St. .... Ward)

## 2. FULL NAME

Geneva Hamlin

(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

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED, (write the word)

Widowed

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

Mason Hamlin

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

June 18 1892

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

38

3

## 8. OCCUPATION OF DECEASED

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

Housekeeper

(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)

Knox City Mo

## 10. NAME OF FATHER

George Allensworth

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

Knox City Mo

## 12. MAIDEN NAME OF MOTHER

Roena Roush

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

Va.

## 14. INFORMANT (Address)

Maurice Haselton  
Knox City Mo

## 15. FILED

Sept 30, 1930

J. R. Northcutt

REGISTRAR

## 3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 20 1930, to Sept 19 1930, that I last saw her alive on Sept 19 1930, and that death occurred, on the date stated above, at 7:45 p.m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Mitral Regurgitation  
also hypertrophy of heart & albuminuria  
92 hr (duration) 1 yr 1 mos 1 ds

## CONTRIBUTORY (SECONDARY)

132 B (duration) ..... yrs ..... mos ..... ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF ..... WAS THERE AN AUTOPSY? no

## WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Arthur M Reynolds, M. D.

Sept 20 1930 (Address) Knox City 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

Dorchester Rebr

## DATE OF BURIAL

Sept 23 1930

## 20. UNDERTAKER

Mrs Mc Sayer & Son

## ADDRESS

Knox City 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.

