

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

Do not use this space.

34951

1. PLACE OF DEATH

County..... Registration District No. 731 File No.
 Township..... Primary Registration District No. Registered No. 10351
 City Barren (No.) St. Ward)

2. FULL NAME Gubhede Hamilton

(a) Residence. No. and one Adams St., Col 12 Ward, Lenoir - Ill.
 (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 Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. A. Gullledge

6. DATE OF BIRTH (MONTH, DAY AND YEAR) not known

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 50

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

9. BIRTHPLACE (CITY OR TOWN) miss
 (STATE OR COUNTRY)

10. NAME OF FATHER not known

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

12. MAIDEN NAME OF MOTHER Harriet Pinkstone

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

14. INFORMANT L. A. Gullledge
 (Address) Lenoir Ill

15. 31 1930 FILED 19 W. C. Hardy REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10 - 26 - 1930

17. I HEREBY CERTIFY, That I attended deceased from 10-16-30, 19....., to 10-26, 1930, that I last saw him alive on 10-26-30, 19....., and that death occurred, on the date stated above, at 6:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Adison's disease
(Tuberculosis of Adrenal Glands)
 63 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 63 (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? yes

WHAT TEST CONFIRMED DIAGNOSIS Autopsy
 (Signed) Louis J. Cuthan, M. D.

, 19 (Address) Barren Hospital.

*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 Hollie Springs DATE OF BURIAL 10-2-1930

20. UNDERTAKER Watson and Son ADDRESS 2769 Shawnee

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

