DEC 22 1930

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

Do not use this space.

36576

1. PLACE OF DEATH
County Jasper — Registration District No. 417 — File No.
Township — Primary Registration District No. 3021 — Registered No. 137
City Webb City (No. ..., ... St. ..... Ward)

2. FULL NAME Joshua Lee Hamilton
(a) Residence. No. 212 W Wilson St., ... Ward. Jane Chinn Hospital
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Mary E. Hamilton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	61	8	16	

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

9. BIRTHPLACE (CITY OR TOWN) Marshfield
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER J. L. Hamilton
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT W. D. Hamilton
(Address) Carterville Mo

15. FILED 11/20, 1930 R. M. Stormont REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 17 1930

17. I HEREBY CERTIFY, That I attended deceased from 11 - 1, 1930, to 11 - 17, 1930 that I last saw him alive on 11 - 17, 1930, and that death occurred, on the date stated above, at 11 45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Sclerosis & Hypertension
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) General Sclerosis
(duration) 10 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH No
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
11/19, 1930 (Signed) J. A. Dumbault, M. D.
(Address) Webb 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	DATE OF BURIAL
Mount Hope Cem	11/18 1930
20. UNDERTAKER	ADDRESS
Webb City Und Co	Webb City

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.