

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

Do not use this space.

2867

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Jefferson Bks

Registration District No. 1123
Primary Registration District No. 444 B
(No Post Hospital)

File No. _____
Registered No. 16
St. _____ Ward _____

2. FULL NAME

John W. Hamill

(a) Residence No. Jefferson Bks, Mo. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 26, 1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	38	4	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Soldier
(b) General nature of industry, business, or establishment in which employed (or employer) U. S. Army 189
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Madison
(STATE OR COUNTRY) Indiana 2

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Unknown 31

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Official records of War Dept.
(Address) (Service record)

15. FILED 1-14 1931 L. C. O'Brook M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 13 1931

17. I HEREBY CERTIFY That I attended deceased from December 24, 1930, to January 13, 1931
that I last saw him alive on January 13, 1931, and that death occurred, on the date stated above, at 3:37 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute cardiac dilatation of heart.

36 9:53 1/13
CONTRIBUTORY Septicaemia, general, due to
(SECONDARY) extensive burns. (duration) yrs. mos. da. 29

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Jefferson City, Mo.

1 DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Dec 29, 1930

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical examination
(Signed) J. E. Hall, M.D. M. D.

Jan 14 19 31 (Address) Jefferson Bks., 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 Madison Indiana DATE OF BURIAL 1/16 1931

20. UNDERTAKER C. Hoffmeister & Co ADDRESS 7814 N. Broadway

K. E.—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.

JAN 23 1931

state blno. 18 -
A 1109.117

bellgqu
to yhecon

al to m.
ni MTA.

Post 1000

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis Registration District No. 1123 File No. _____
 Township Carondelet Primary Registration District No. 6248B Registered No. 16
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

John W. Hamill
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (use the word) S

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

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

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

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____

(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____

(STATE OR COUNTRY) _____

14.

INFORMANT (Address) _____

15.

Aug 11 31 F. C. O'Brook
 FILED _____ 19 _____ REGISTAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 13 19 31

17. I HEREBY CERTIFY That I attended deceased from _____, 19____ to _____, 19____ that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Cardiac dilatation of heart
 CONTRIBUTORY (SECONDARY) Septicemia General, due to extensive burns
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Was asleep in woods, leaves caught fire
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) _____, M. D.

, 19 (Address) _____

*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

19

20. UNDERTAKER ADDRESS

REGISTRATION DISTRICT NO. 1123
 TOWNSHIP CARONDELET
 CITY ST. LOUIS
 COUNTY ST. LOUIS
 STATE MISSOURI
 DECEASED JOHN W. HAMILL
 DATE OF DEATH JAN 13 1931
 PLACE OF DEATH _____
 CAUSE OF DEATH ACUTE CARDIAC DILATATION OF HEART
 REGISTERED BY F. C. O'BROOK
 REGISTERED ON AUG 11 1931

SUPPLEMENTARY

S-2867