WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 25 1931

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

Do not use this space.

1102

1. PLACE OF DEATH
County Pemiscot — Registration District No. 1158-70 — File No. 11007
Township Pascola — Primary Registration District No. 1102 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Baby Hamilton
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: 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) Mar-12-1931

7. AGE — YEARS — MONTHS — DAYS: 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pascola Mo

FATHER
13. NAME Joe Hamilton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blythesville Ark

MOTHER
15. MAIDEN NAME Maude Turner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carnehersville Mo

17. INFORMANT (ADDRESS) Joe Hamilton Kennett Bragg City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hazel DATE 3/15 1931

19. UNDERTAKER (ADDRESS) Baldwin Und. Co Kennett Mo

20. FILED 3-30, 1931 T R Cole Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/14, 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1931, to Mar. 14, 1931
I last saw him alive on Mar. 13, 1931. Death is said to have occurred on the date stated above, at 11:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	3/13/31
109A	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Asier J. Speer, M. D.
(Address) Deering Mo