

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

Do not use this space.

16882

1. PLACE OF DEATH

County Vernon
Township
City Nevada (No. _____)

Registration District No. 875
Primary Registration District No. 3039

File No. O'Neal
Registered No. 1131
St. _____ Ward _____

2. FULL NAME

William Lee Hamblin
(a) Residence, No. 100 S. Jefferson St., 5 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 2 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-Nov-1891
7. AGE YEARS MONTHS DAYS 40 10 12 12 12 hrs. or min.
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) Pennsylvania

13. NAME not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Mrs. Eda Miller (ADDRESS) Nevada

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Cem. DATE 4/12/1931

19. UNDERTAKER Ferry Funeral Home (ADDRESS) Nevada

20. FILED 5/8 19 31 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/11 1931
22. I HEREBY CERTIFY, That I attended deceased from April #3, 1931, to April 11, 1931
I last saw him alive on April 11/2/91, 1931. Death is said to have occurred on the date stated above, at 2/91 m.
The principal cause of death and related causes of importance were as follows:

Influenza
11A
107A 11A
Other contributory causes of importance _____

Burch's pneumonia
Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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 _____ 1931
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. (1)

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) H. E. O'Neal, M. D.
(Address) Nevada, Mo.

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.

MAY 27 1931

