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

Do not use this space.

16970

File No. .....

Registered No. 8

1. PLACE OF DEATH

County: Wright — Registration District No. 907

Township: Pleasant Valley — Primary Registration District No. 4548

City: Mansfield (No. ..... St. ..... Ward)

2. FULL NAME: William Marvin Hamilton.

(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 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MAY 27 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: Wht

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Tisha B. Hamilton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 3 - 1854.

7. AGE: Years 77 — Months 1 — Days 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Doctor (MD)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year): Feb 1931

11. Total time (years) spent in this occupation: 38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Park County Indiana

FATHER

13. NAME: John Hamilton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER

15. MAIDEN NAME: Laura Payne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana.

17. INFORMANT (ADDRESS): Mrs. Tisha Hamilton Mansfield.

18. BURIAL, CREMATION, ~~OR REMOVAL~~

PLACE: Hensley DATE: Apr. 5, 1931

19. UNDERTAKER (ADDRESS): F. A. Steffe Mansfield Mo.

20. FILED: April 5, 1931 J. A. Fuson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr 3, 1931, to Apr 4, 1931

I last saw him alive on Apr 3, 1931. Death is said to have occurred on the date stated above, at 6 45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Apr. 3-1931
82A	
11B	

82A

Other contributory causes of importance:

Influenza	Jan 1931

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) J. A. Fuson, M. D.

(Address) Mansfield Mo.