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

Do not use this space.

24041

File No. .....

Registered No. .....

1. PLACE OF DEATH 10 County Vernon

Township Richland

City Richards (No. ..... St. ..... Ward)

Registration District No. 876

Primary Registration District No. 6164

2. FULL NAME George Washington Hamlett

(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 32 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27 1855

7. AGE Years 75 Months 11 Days 2 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired - Minister

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cedar Co.
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Wm Hamlett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn.

12. MAIDEN NAME OF MOTHER Amanda Phillips

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

14. INFORMANT P. M. Mason
(Address) 1230 W Hunter St Nevada Mo

15. FILED July 1 1931 Nettie Richards Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29" 1931

17. I HEREBY CERTIFY, That I attended deceased from June 28" 1931, to June 29" 1931, that I last saw him alive on June 28 1931, and that death occurred, on the date stated above, at 1 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Complication of diseases incident to old age.

162 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) 162 (duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) E. H. Liston, M. D.

June 30 1931 (Address) Nevada, 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 Richards Mo. Cemetery Richards Mo

DATE OF BURIAL 7-3 1931

20. UNDERTAKER Alley V Hays

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.

JUL 28 1931