

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

Do not use this space.

31500

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Frank Primary Registration District No. _____
City Kansas City (No. 12 C General Hosp) St. _____ Ward _____

File No. _____
Registered No. 3998

2. FULL NAME

James Hamilton
(a) Residence, No. 5846 E 11th St. 12 Ward.

Length of residence in city or town where death occurred 20 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-28, 1931

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

22. I HEREBY CERTIFY, That I attended deceased from 9-25, 1931, to 9-28, 1931

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11 - 1857

I last saw him alive on 9-28, 1931 Death is said to have occurred on the date stated above, at 2:15 p.m.

7. AGE YEARS 74 MONTHS 1 DAYS 1 wk. If LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Arterial Sclerosis Date of onset _____

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 _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

13. NAME Arwan Hamilton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Name of operation none Date of _____

15. MAIDEN NAME Hilda Ann Cook

What test confirmed diagnosis? _____ Was there an autopsy? no

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT No one (ADDRESS) 12 C Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Madisons DATE Sept 29, 1931

19. UNDERTAKER Peter B. Lapetina (ADDRESS) K.C. Mo.

20. FILED 9-29-1931 m. m. Crowley Registrar.

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) P. E. Williams M. D. (Address) Sept 12 C Gen. Hosp. K.C. Mo.

