

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

Do not use this space.

33635

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph (No. Missouri Methodist Hospital)

File No. \_\_\_\_\_  
Registered No. 1028  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Josephine P Hamilton**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ Alberquerque N Mexico  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 Jack L Hamilton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1903

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<u>28</u>	<u>6</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Bethany  
(STATE OR COUNTRY) Missouri

13. NAME Joseph W Prentiss

14. BIRTHPLACE (CITY OR TOWN) Quincy  
(STATE OR COUNTRY) Ill.

15. MAIDEN NAME Nell Blackburn

16. BIRTHPLACE (CITY OR TOWN) Bethany  
(STATE OR COUNTRY) Missouri

17. INFORMANT Mr J. W. Prentiss  
(ADDRESS) 2123 Edmond St., - St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cem  
PLACE St Joseph Mo DATE Oct 9, 1931

19. UNDERTAKER H. C. Sidenbender  
(ADDRESS) 1802 Union St St Joseph Mo.

20. FILE NO. 801 9 1931 John R. Bender  
Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from October 5, 1931, to October 6, 1931

I last saw h. ST alive on October 6, 1931. Death is said to have occurred on the date stated above, at 10:10am.

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

Shock following operation, radical removal of left breast for advanced carcinoma

Other contributory causes of importance:

Feeble heart 50

Name of operation Radical removal carcinoma breast Date of Oct 6-31  
What test confirmed diagnosis? Pathology Was there an autopsy? No

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? No  
If so, specify \_\_\_\_\_

(Signed) Jacob Geisler, M. D.  
(Address) 212 Kirkpatrick Bldg.

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.

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