

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

Do not use this space.

37726

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. 819 East 11th St. _____ Ward)

File No. _____
Registered No. 4532

2. FULL NAME Margaret Rawlings Hamilton

(a) Residence, No. 819 East 11th St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Walter C. Hamilton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 24, 1901</u>		
7. AGE	YEARS <u>30</u>	MONTHS <u>5</u>
	DAYS <u>22</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>5th</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation <u>11 1/4</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mount. Vernon Missouri</u>		
FATHER	13. NAME <u>George T. Rawlings</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mt. Vernon Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Vivian Rose</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
17. INFORMANT (ADDRESS) <u>Harry H. Rawlings 3114 1/2 Brookley St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Vernon, Mo</u> DATE <u>Nov. 17, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Stine & McQueen 3735 Willow Plaza</u>		
20. FILED <u>11/16, 1931</u> <u>M.M. Crowe</u> <u>Asst. Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-15, 1931 to 11-16, 1931
I last saw him alive on 11-16, 1931. Death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:
Removal of the brain anterior portion of left frontal lobe. Mon. malignant. Date of onset _____
Other contributory causes of importance:
Respiration paralysis

Name of operation 0 Date of _____
What test confirmed diagnosis 0 Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 Date of injury 0, 19____
Where did injury occur? 0 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. J. McEwen, M. D.
(Address) W. J. McEwen

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.

