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.

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

Do not use this space.

40941

1. PLACE OF DEATH
County Jackson — Registration District No. 3 — File No. 4929
Township Kaw — Primary Registration District No. 1051 — Registered No.
City K. C. (No. 329, S. Lawn St. Ward)

2. FULL NAME Augusta M. Hamilton
(a) Residence, No. 329 S. Lawn St., 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: 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 Frank C. Hamilton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28, 1882

7. AGE: YEARS 49 — MONTHS 3 — DAYS 11 — If LESS than 1 day, ...hrs. or ....min.

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

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

FATHER
13. NAME Mr. N. S. Swicher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

MOTHER
15. MAIDEN NAME Sophronia Swicher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

17. INFORMANT (ADDRESS) F. C. Hamilton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Moriah DATE Dec 11, 1931

19. UNDERTAKER (ADDRESS) C. H. Blackman & Son City

20. FILED 12/11, 1931 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

3

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1931, to Dec 9, 1931
I last saw her alive on Dec 8, 1931. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Odema	
49A Carcinoma of abdomen	
52 of ovarian structures	
111B	

Other contributory causes of importance:
Ovary removed 1919

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) 920 Newton K. C.