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.

FEB 24 1932

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

Do not use this space.

1708

1. PLACE OF DEATH
59 County Livingston, Registration District No. 5-14 File No. 141
Township Monroe, Primary Registration District No. [illegible] Registered No. 1
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Byrd L. Hamblin,

(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 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. [redacted] WIDOWED, OR (write the word) Widowed

5A. IF [redacted] WIDOWED, [redacted] HUSBAND OF Lovie Hamblin,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-18"-1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
57	9	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil and Grease Business, 176
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Filling Station,
10. Date deceased last worked at this occupation (month and year) Jan.-1st.-1931
11. Total time (years) spent in this occupation 10yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, 1

FATHER
13. NAME Alfred Hamblin,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,

MOTHER
15. MAIDEN NAME Amanda McCroskrie,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,

17. INFORMANT (ADDRESS) Marcus Hamblin, Ludlow, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE McCroskrie Cemetery Jan. 4th. 1932

19. UNDERTAKER (ADDRESS) E. P. Michael Bragman, Mo.

20. FILED 1/5 1932 Geo Morse Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2-1932

22. I HEREBY CERTIFY, That I attended deceased from None, 19..., to None, 19...
I last saw him alive on 12-3, 1931. Death is said to have occurred on the date stated above, at about 6 30 m. a
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	Several years
102	
102	

Other contributory causes of importance: (5)

Name of operation None Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None 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 Reuben Barney
(Signed) Chillicothe Coroner, M. D.
(Address) Mo.