

DEC 30 1935

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

Do not use this space.

19086-a

1. PLACE OF DEATH

County Cooper
Township North Moniteau
City (No. , , , , ,)

Registration District No. 224
Primary Registration District No. 5309

File No. _____
Registered No. 21
St. _____ Ward _____

2. FULL NAME Carolina S. Hamilton

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May, 16, 1853</u>		
7. AGE	YEARS	MONTHS
	<u>79</u>	<u>0</u>
		DAYS
		<u>29</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. -----	
	10. Date deceased last worked at this occupation (month and year) -----	11. Total time (years) spent in this occupation. -----
12. BIRTHPLACE (CITY OR TOWN) <u>Mead County</u> (STATE OR COUNTRY) <u>Kentucky</u>		
MOTHER	13. NAME <u>Thomas H. Hamilton</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Kentucky</u> (STATE OR COUNTRY)	
	15. MAIDEN NAME <u>Carolina Shacklett</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Kentucky</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Mrs. Wade Long</u> (ADDRESS) <u>Clarksburg, Mo</u>		
18. PLACE OF CREMATION OR REMOVAL PLACE <u>Brandenburg, Ky</u> DATE <u>June, 16, 1932</u>		
19. UNDERTAKER <u>Jewell E. Richards</u> (ADDRESS) <u>Clinton, Mo</u>		
20. FILED <u>12-27</u> 19 <u>35</u> <u>W. H. M. M. M.</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 1930, to May 22, 1932
I last saw her alive on May 22, 1932. Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis
4th B
82 B
Other contributory causes of importance:
aneurysm of stomach 1930

Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis? none 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) W. H. M. M., M. D.

(Address) Clinton, Mo.

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.

