

23829-1

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

Do not use this space.

23829-1

91 PLACE OF DEATH
County Ripley Registration District No. 752
Township Shorthart Primary Registration District No. 5990
City _____ (No. _____) _____ St. _____ Ward _____

File No. 428
Registered No. 51

2. FULL NAME Alsey Leay Hamlett
(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. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25 - 1883
7. AGE YEARS 78 MONTHS 9 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
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) unknown (STATE OR COUNTRY) Ky - 2

MOTHER FATHER 13. NAME Alsey L. Hamlett

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Ky -

15. MAIDEN NAME don't know

16. BIRTHPLACE (CITY OR TOWN) don't know (STATE OR COUNTRY) 31

17. INFORMANT Dorothy Hamlett (ADDRESS) Waverly mo R2

18. BURIAL, CREMATION, OR REMOVAL PLACE Waverly DATE July 24 1932

19. UNDERTAKER Mrs. Munnings (ADDRESS) Waverly mo

20. FILED Sept 12 1932 St. Louis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1932, to July 23, 1932. I last saw h. alive on July 23, 1932. Death is said to have occurred on the date stated above, at 5 p. m. The principal cause of death and related causes of importance were as follows:

Labr pneumonia Date of onset July 18
8/19 81 1932
Other contributory causes of importance: Bulbar paralysis

Name of operation no 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? no If so, specify _____

(Signed) St. Louis, M. D.
(Address) Waverly mo

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.

NOV 28 1932

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