

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.

SEP 22 1932

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

Do not use this space.

25844

1. PLACE OF DEATH

County Dunklin

Registration District No. 288

Township Kennett

Primary Registration District No. H17

City Kennett (No. _____)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME Nora 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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1 - 1930

7. AGE YEARS 2 MONTHS 5 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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 _____

FATHER MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo - 1

13. NAME Virgil Hamilton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nash Ky - 31

15. MAIDEN NAME Thelma Brooks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo - 1

17. INFORMANT Thelma Hamilton (ADDRESS) Kennett, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stafford DATE Aug 16 32

19. UNDERTAKER Baldwin, Fred. Co (ADDRESS) Kennett, Mo

20. FILED Aug 12 1932 Thelma Davis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 - 1932

22. I HEREBY CERTIFY That I attended deceased from Aug 13 1932 to Aug 15 1932

I last saw her alive on Aug 14 1932 Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

Septicemia due to infection by bed sores and poor nursing
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Date of onset _____

Other contributory causes of importance:

(Name of operation) _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 J. Rippe
(Signed) _____ M. D.
(Address) Kennett Mo

