

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

Do not use this space.

**1. PLACE OF DEATH**

105 County Sullivan  
Township Taylor  
City Bronaugh (No. ....)

Registration District No. 851  
Primary Registration District No. 6119

File No. 34501  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

D. M. Hamilton

(a) Residence. No. .... St. .... Ward. ....  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 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 Mrs May Hamilton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>7</u>	<u>2</u>	<u>20</u>	

**8. OCCUPATION OF DECEASED**

(a) Tra, profession, or particular kind of work Farmer  
(b) Genl nature of industry, business establishment in which employed (or employer) farm owner  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Ills

10. NAME FATHER Luther D Hamilton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Va.

12. MAIDNAME OF MOTHER Elizabeth Osby

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Vermont.

14. INFORMANT Mrs May Hamilton  
(Address) Bronaugh Mo

15. FILED 10-19-32 Talbert  
-REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 15 1932

17. I HEREBY CERTIFY, That I attended deceased from OCT 8th 1932 to OCT 14 1932 that I last saw him alive on Oct 14 1932, and that death occurred, on the date stated above, at 12:15 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

apoplexy  
92A  
97 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) arterio sclerosis  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) F. M. Currier M. D.  
(Address) Hampden Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Hampden Mo</u>	DATE OF BURIAL <u>10-16 1932</u>
20. UNDERTAKER <u>R. Kay &amp; Son</u>	ADDRESS <u>Galt Mo</u>

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