

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

Do not use this space.

36734

1. PLACE OF DEATH

County Platte Registration District No. 696
 Township Gen Primary Registration District No. 4419
 City Tracy (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 24

2. FULL NAME

Leta Josephine Hamiel
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15, 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
5 1 12

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.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Agency, Mo.

13. NAME George W. Hamiel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edgerton, Mo.

15. MAIDEN NAME Mary Ethel Woodruff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Agency, Mo.

17. INFORMANT Geo. W. Hamiel
 (ADDRESS) Tracy, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Emmott Cemetery DATE 11-29-32

19. UNDERTAKER P. F. Plessing
 (ADDRESS) Tracy, Mo.

20. FILED Nov-29 1932 Mary B. Knight
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-27-1932

22. I HEREBY CERTIFY, That I attended deceased from 11/26-32, 1932, to 11/27/32, 1932.
 I last saw h. ev. alive on 11/27, 1932. Death is said to have occurred on the date stated above, at 10 P. M.
 The principal cause of death and related causes of importance were as follows:

Group Neoph failure
105 R

Date of onset 11/25/32
11/27/32

Other contributory causes of importance: 1

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 _____, 1932

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) Chas. D. Bernhardt, M. D.
 (Address) Platte City, 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.

