

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

Freeman
Do not use this space.

39321

1. PLACE OF DEATH

County *Greene* Registration District No. *318*
Township *Springfield* Primary Registration District No. *5439*
City *Springfield* (No. *R#10*)

File No. _____
Registered No. *893*
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *R#10* 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 <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Jessie Hamilton</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 4-1859</i>		
7. AGE	YEARS <i>73</i>	MONTHS <i>9</i>
	DAYS <i>14</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired Farmer</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Farm</i>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ky</i>
	13. NAME <i>Joshua Hamilton</i>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ky</i>
	15. MAIDEN NAME <i>Mary Abrey</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ky</i>
	17. INFORMANT (ADDRESS) <i>A. J. Hamilton Barboursville Okla.</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Green Lawn Cemetery Dec 20 1932</i>	
19. UNDERTAKER (ADDRESS) <i>J. W. Klugger & Co Springfield Mo.</i>	
20. FILED <i>12-19-32</i> <i>Philip Langston</i> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12/18 - 1932*
22. I HEREBY CERTIFY, That I attended deceased from *Dec 7 1931* to *Dec 19 - 1932*
I last saw him alive on *Dec 18, 1932* Death is said to have occurred on the date stated above, at *1 P.M.*
The principal cause of death and related causes of importance were as follows:

Paralysis (about 12-30)
82 Apoplexy
820
Other contributory causes of importance: *J. W. Klugger & Co*

Name of operation *none* Date of _____
What test confirmed diagnosis? *Chrom* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *no* 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. *none*
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) *J. Freeman* M. D.
(Address) *Springfield 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.

JAN 23 1933

WHITE PENCIL, WITH UNFADING INK—THIS IS A PERMANENT RECORD

