

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

Do not use this space.

41643

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 62536^a, Delmar St. Ward).....

File No.
Registered No. 10706
St. Ward)

2. FULL NAME

Arminia Hamilton Adams
(a) Residence, No. 62536^a Delmar 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) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-18-1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 79 5 15
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
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) Ky. 2

13. NAME Robert Hamilton

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

15. MAIDEN NAME Ellen McLean

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington

17. INFORMANT Ella Hamilton (ADDRESS) 62536^a Delmar

18. BURIAL, CREMATION, OR REMOVAL PLACE Wentworth DATE Dec. 4 1932

19. UNDERTAKER Wax & Starkey (ADDRESS) 619^a Delmar

20. FILED DEC 8 1932 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3-1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1932, to Dec 3, 1932

I last saw her alive on Dec 2, 1932 Death is said to have occurred on the date stated above, at 2:45^{pm}.

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

Nephritis, chronic Date of onset 1927
131 / 31
1325 / 31
Other contributory causes of importance: Chromia 12-28-32

Name of operation..... 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? not
If so, specify.....
(Signed) John W. L. Brennan, M. D.
(Address) 9601 Gravois Ave

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.

THIS IS A PERMANENT RECORD

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