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.

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

Do not use this space.

42400

1. PLACE OF DEATH
County St Louis — Registration District No. 791 — File No.
Township MO — Primary Registration District No. 1013 — Registered No. 11531
City (No. 2705 Thomas St. Ward)

2. FULL NAME Willie May Hamilton Hamilton
(a) Residence, No. 2705 Thomas St., 21 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: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: 5-24-1898
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-24-1898
7. AGE: YEARS 34 — MONTHS 6 — DAYS 29 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 235
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: house wife
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): Starkville Miss
FATHER
13. NAME: Nathan Perry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Starkville Miss
MOTHER
15. MAIDEN NAME: Isabela Bell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mole Al
17. INFORMANT (ADDRESS): Willie Hamilton 2705 Thomas
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Washington Park DATE: 12-27 1932
19. UNDERTAKER (ADDRESS): James 2734 Sheridan Av
20. FILED: DEC 26 1932 19 Max C. Starkloff Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 23, 1932
22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1932, to Dec 22, 1932
I last saw her alive on Dec 22, 1932. Death is said to have occurred on the date stated above, at 1A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Insufficiency | |
| 95A | 6 mo |

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? Clinical 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? no
If so, specify
(Signed) Vincent J. Mueller, M. D.
(Address) 2735 Franklin