

MARGIN RESERVED FOR BINDING

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.

JUN 22 1934

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

Do not use this space.

1. PLACE OF DEATH  
 36 County Franklin Registration District No. 294  
 Township Central Primary Registration District No. V-409-B  
 City..... (No. .... St. .... Ward)

2. FULL NAME Margaret Hamilton  
 (a) Residence St. Clair No. 40 St. .... Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 4 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alfred Hamilton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>80</u>	<u>1</u>	<u>28</u>	

OCCUPATION

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) Franklin Co

MOTHER

13. NAME Maest Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Mary Musick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co

17. INFORMANT (ADDRESS) George Hamilton  
St. Clair no

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Mount Olive DATE 5 20 1933

19. UNDERTAKER (ADDRESS) Mc Curry  
St. Clair no

20. FILED V-30 19 33 W. E. Mitchell  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) V-28 19 33

22. I HEREBY CERTIFY, That I attended deceased from V-28-33 to V-28-33  
 I last saw her alive on V-28-33, 19 33 Death is said to have occurred on the date stated above, at 12:10 m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis  
93C  
93C  
 Other contributory causes of importance: .....

Name of operation no 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? no  
 If so, specify W. E. Mitchell  
 (Signed) W. E. Mitchell  
 (Address) St. Clair no

