

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

Do not use this space.

16860

**1. PLACE OF DEATH**

49 County Jasper Registration District No. 408  
Township Carthage Primary Registration District No. 3020  
City Carthage (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Colista Elizabeth Overby Hamel

(a) Residence, No. 1017 S Maple St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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 John H. Hamel  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 19 - 1888  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 45 1 29  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Crocker Mo.

13. NAME Sylvas Davis

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

15. MAIDEN NAME Margrett Ray

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

17. INFORMANT Mrs. Ruth Palmer (ADDRESS) Carthage Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crocker Cemetery DATE 5-20 1933

19. UNDERTAKER Ulmer - Ulmer (ADDRESS) Carthage Mo.

20. FILED May 19 1933 S. H. Fitcham Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1933

22. I HEREBY CERTIFY, That I attended deceased from July 17 1931 to May 18 1933  
I last saw him alive on May 17 1933. Death is said to have occurred on the date stated above, at 2:59 a.m.

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

Coronary High Blood Pressure Date of onset \_\_\_\_\_  
Cardiac Murmur with Aortic Aneurysm July 17 1931  
Uremia Sept 22  
Other contributory causes of importance: Patent Hemorrhoids

Name of operation J2B Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) R. H. Hubster M. D.  
(Address) Carthage 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.

JUN 22 1933

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