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.

AUG 26 1933

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

Do not use this space.

22970

1. PLACE OF DEATH
County Howard
Township Prairie
City ..... (No. ....., 5241a ..... St. ..... Ward)

Registration District No. 376
Primary Registration District No. 42 20

File No. .....
Registered No. .....

2. FULL NAME Myrtle Hamlin

(a) Residence, No. ..... 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 F.
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jonathan Hamlin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-9-1844

7. AGE YEARS 88 MONTHS 6 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Pa.

FATHER
13. NAME Samuel Ambros
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER
15. MAIDEN NAME Miss Milcher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Mrs. Robt. Goodson Glasgow, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Slater Mo DATE 7-3 1933

19. UNDERTAKER (ADDRESS) Hill Brothers Slater Mo

20. FILED 7-3 1933 W M Dickerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-2 1933

22. I HEREBY CERTIFY, That I attended deceased from June 29 1933, to June 29, 1933
I last saw her alive on June 29, 1933. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	6-28-33
930	
132 B	

Other contributory causes of importance:

Myocarditis	1932

Name of operation none Date of .....
What test confirmed diagnosis? Phys. findings 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 .....
(Signed) Wm. J. Shaw, M.D., M. D.
(Address) Fayette, Mo.