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.

OCT 20 1933

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

Do not use this space.

29117

1. PLACE OF DEATH
County Clinton — Registration District No. 204 — File No.
Township — Primary Registration District No. 3013 — Registered No. 41
City Cameron (No. , St. Ward)

25
1
4

2. FULL NAME Flora M. Hamer

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J. R. Hamer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 22. 1856

7. AGE: YEARS 77 | MONTHS 7 | DAYS 18 | 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): Binghampton New York

FATHER
13. NAME: Emery Sheak
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

MOTHER
15. MAIDEN NAME: Hester Waldron
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

17. INFORMANT (ADDRESS): Maude Hamer Cameron Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Osborn Mo DATE: Sep 12 1933

19. UNDERTAKER (ADDRESS): J. W. Poland Cameron Mo

20. FILED: 9/11 1933 D. A. Risley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1933, to , 19
I last saw her alive on Sept 10, 1933 Death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset 9-10-33

94

Other contributory causes of importance:

Name of operation: None — Date of
What test confirmed diagnosis? — 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) J. A. Franklin, M. D.
(Address) Cameron Mo