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.

36446

1. PLACE OF DEATH
County JACKSON — Registration District No. [illegible] — File No.
Township KAW — Primary Registration District No. [illegible] — Registered No. 4358
City KANSAS CITY (No. 3136 BROOKLYN AVE. 2ND FLOOR Ward)

2. FULL NAME DR JOHN T HAMILTON
(a) Residence, No. 3136 BROOKLYN AVE. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
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 MRS. MATTIE M. HAMILTON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER 14 1861

7. AGE: YEARS 72 — MONTHS 0 — 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. SPECIALIST
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. EAR, EYES, NOSE + THROAT
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RICHMOND MISSOURI

FATHER
13. NAME WILLIAM T. HAMILTON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME SEARCY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) MRS. MATTIE M. HAMILTON 3136 BROOKLYN AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE NOVEMBER 9 1933

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS 2111 EAST 9TH ST.

20. FILED Nov 7 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933 to Nov 6, 1933
I last saw him alive on Nov 6, 1933 Death is said to have occurred on the date stated above, at 1:55 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Myocardial Insufficiency	
Hypertrophy & dilatation	
General adoscence	

Other contributory causes of importance:
93D
10K

Name of operation ..... 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) [signature], M. D.
(Address) Angyle Bldg

Dr. C. C. Conover
1002 Argyle Bldg.
1-4

JUL 7 1953