

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.
Dr. J. Messender
4609
34

MAR 24 1934

1. PLACE OF DEATH

County *Greene* Registration District No. *318*
Township _____ Primary Registration District No. *2001*
City *Springfield Mo. 625 S. Florence* St. _____ Ward) _____

2. FULL NAME

Chas. G. Hamell

(a) Residence, No. *625 S. Florence* 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 *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 *Katherine C.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 1-1864*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
67 3 19

8. Trade, profession, or particular kind of work done, as *old coal* sawyer, bookkeeper, etc. *Merchant*

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) *Carroll Co. Mo.*

13. NAME *Wm. Hamell*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pa.*

15. MAIDEN NAME *Hellie Gaudner*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn.*

17. INFORMANT *Mrs. Katherine Hamell* (ADDRESS) *Springfield Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Abelwood* DATE *2-22-34*

19. UNDERTAKER (ADDRESS) *534 St. Louis*

20. FILED *2-21-34*

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 20 - 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 1 - 1930*, to *Feb 20 - 1934*

I last saw him alive on *Feb 20 - 1934* Death is said to have occurred on the date stated above, at *7:30 a.m.*

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

Cardiac Failure Date of onset *1864*
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Other contributory causes of importance: *1864*
77 Feb-1930

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? *No*

If so, specify _____ (Signed) *J. Messender*, M. D. (Address) *Springfield Mo.*

