

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

Do not use this space.

11921

PLACE OF DEATH

County Buchanan

Registration District No. 52

Township Marion

Primary Registration District No. 5723

City _____ (No. _____) St. _____ Ward _____

File No. 3

Registered No. 3

2. FULL NAME Willis S Hamilton

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OF FACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary S Hamilton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23 1862

7. AGE

YEARS 71

MONTHS 5

DAYS 28

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Clinton Co Missouri

FATHER

13. NAME Willis Hamilton

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

MOTHER

15. MAIDEN NAME Elizabeth Simpson

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

17. INFORMANT (ADDRESS) Mrs Elva Sharp, Clarkdale Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLAC Memorial Park, DATE Apr 17, 1934

19. UNDERTAKER (ADDRESS) F. G. Lyles, Glasgowville Mo.

20. FILED 3/10

1934 W. R. Dignam Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 10th, 1932, to Apr 21st, 1934

I last saw him alive on April 21, 1934 Death is said

to have occurred on the date stated above, at 2:45 p.m.

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

Cardiac disease

Date of onset

Other contributory causes of importance:

enlarged liver with obstruction bile duct

Name of operation X Date of X

What test confirmed diagnosis? Chancu Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury _____, 19 _____

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify X

(Signed) F. G. Lyles, M. D.

(Address) Glasgowville Mo

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.

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MAY 25-1934

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