

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Charles
Township
City St. Charles (No. St. Jos. Hospital)

Registration District No. 757
Primary Registration District No. 3036

File No. 13988
Registered No. 62
St. _____ Ward _____

2. FULL NAME Florence Upson Hamilton

(a) Residence, No. _____ St. _____ Ward Hawk Point Missouri
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 E. D. Hamilton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-20-1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
50 7 4

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

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) Hawk Point (STATE OR COUNTRY) mo

13. NAME Beverly Upson

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

15. MAIDEN NAME Florence Upson

16. BIRTHPLACE (CITY OR TOWN) Hawk point (STATE OR COUNTRY)

17. INFORMANT Edw. J. Hamilton (ADDRESS) Hawk Point Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hawk Point DATE 4/27 1934

19. UNDERTAKER Kemp Bros (ADDRESS) W. Gray Mo

20. FILED 4/24 1934 Arden B. Measler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24th 1934

22. I HEREBY CERTIFY, That I attended deceased from April 23 1934 to April 24 1934

I last saw her alive on April 24 1934 (Death is said to have occurred on the date stated above, at 8:20 a.m.)

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

Uraemia Date of onset _____

Other contributory causes of importance: Bilateral pyonephrosis

Name of operation none Date of _____

What test confirmed diagnosis clinical 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) Ben L. Neukirch, M. D.
(Address) St. Charles, Mo.

Hamilton
Kempster Pro

1845

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Charles

Registration District No. 757

Township St. Charles

Primary Registration District No. 303C

City St. Charles

(No. St. Joe's Hospital)

File No. _____

Registered No. 62

St. _____ Ward) _____

2. FULL NAME

Florence Upon Hamilton

(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 _____ 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

FATHER
13. NAME _____

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

MOTHER
15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 19 Clearance J. Hessler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 1934

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the _____ at _____ m.

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

Date of onset _____

Other contributory causes of importance: _____

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) Dr. Ben F. Durbin, M. D.

(Address) St. Charles, Mo.

SUPPLEMENTARY

NOT TO BE COMPLETED AS PRESCRIBED BY LAW. THEY SHALL NOT BE COMPLETED AS PRESCRIBED BY LAW.

S-13988