

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

Do not use this space.

MAY 25 1934

14440

1. PLACE OF DEATH

County

Registration District No. **791**

File No.

Township

Primary Registration District No. **1003**

Registered No. **3614**

City

City of Linn, Mo. (No. 2945 - Linn, Mo. City Hosp. #2)

Ward)

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

*Frances Hamilton
3121 - Lucas Ave. Ward 21*

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *25* 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 *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 10th 1899*

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, hrs. or min.
	<i>34</i>	<i>10</i>	<i>23</i>	

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) *Missouri*

13. NAME *Henry Smith*

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

15. MAIDEN NAME *Sarah Wilson*

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

17. INFORMANT (ADDRESS) *Ruby Perdue 2945 - Linn, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Father Dickson* DATE *Apr 10* 19*34*

19. UNDERTAKER (ADDRESS) *Edith M. Taylor 3029 Carolina St*

20. FILED *10 1534* 19 *34* *J. Brebeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-3-1934*

22. I HEREBY CERTIFY, That I attended deceased from *3-29-1934* to *4-3-1934*

I last saw h. alive on *4-3-1934*. Death is said to have occurred on the date stated above, at *3:40 P.M.*

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

Chronic Myocarditis Date of onset *3-29-34*

935
935
935

Other contributory causes of importance:

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) *Henry H. Campbell* (Address) *2945 - Linn, 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.

