

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 Shelby
Township Clay
City Clatsop (No. _____) (Ward _____)

Registration District No. 827
Primary Registration District No. 4500

File No. 15422
Registered No. 12

2. FULL NAME

Mrs Cecelia Teresa 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James A Hamilton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 31-1855</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>3</u>
	DAYS <u>22</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Lepreman Mo</u>		
FATHER	13. NAME <u>Wm. B. Norland</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
MOTHER	15. MARDEN NAME <u>Mary Elizabeth Grinnell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>J. Hamilton</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shelby Mo</u> DATE <u>4-25-34</u>		
19. UNDERTAKER (ADDRESS) <u>Hamilton Und. Co</u> <u>Clatsop Mo</u>		
20. FILED <u>4-24-34</u> <u>Roy Hamilton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22 1934

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1934, to April 22, 1934.
I last saw him alive on April 22, 1934. Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:
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Other contributory causes of importance:
Thromboplegia

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 Frank R Roy M. D.
(Signed) Clarence M. D.
(Address) _____

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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$$\begin{array}{r} \sqrt{} \\ 34-4-23 \\ \underline{55-12-31} \\ 78-3-22 \end{array}$$

Shelby

WASHINGTON

15422

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Cecilia Teresa Hamilton
Who died at _____ on Apr 23 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced:

Date of birth _____ Age: Years 78 Months 3 Days 22

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Cardiac aethmia and sclerosis Month _____ Year _____
Birthplace (State or country) General sclerosis
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Hemiplegia due to cerebral hemorrhage

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? 876-1
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____

Signature of Registrar Roy Hamilton Date filed 4/24/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 827
Primary Reg. Dist. No. 4500

Very truly yours, E. T. McGaugh
State Registrar

Special Agent.

5-15422

5-15422