

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

Do not use this space.

21039

1. PLACE OF DEATH

County Lewis Registration District No. 481
 Township _____ Primary Registration District No. 4290
 City Lewistown (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 47

2. FULL NAME Robert Bedlow Hamner

(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 25 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 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) Lewis Co. Mo. (STATE OR COUNTRY)

FATHER 13. NAME Thomas Hamner
 14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Pattie Ann Dacon
 16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

17. INFORMANT Mrs. N. W. Smisson (ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lewistown, Mo. DATE June 3, 1934

19. UNDERTAKER James Aloder (ADDRESS) Lewistown, Mo.

20. FILED 6/4 1934 James Aloder Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1932, to June 1, 1934.

I last saw him alive on June 1, 1934. Death is said to have occurred on the date stated above, at 9:15a.

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

Carcinoma of right breast, 1919

Other contributory causes of importance:

Senility and heart weakness

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? No. 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) Harry L. M. Brackley, M.D.
 (Address) Lewistown, 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.

JUN 23 1934

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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