

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis 7th* (No. *City Hospital # 2*) St. Ward

File No. **22370**
Registered No. **6152**
St. Ward

2. FULL NAME *Minnie Hamilton*

(a) Residence, No. *1022 1/2 Vandeventer* 11 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 *Female* 4. COLOR OR RACE *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 25, 1897*

7. AGE YEARS *36* MONTHS *11* DAYS *24* If LESS than 1 day, hrs. or min.

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

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) *Princeton Ind.*

FATHER 13. NAME *John Clarence Nash*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Princeton Ind.*

MOTHER 15. MAIDEN NAME *Lorenia Lytle*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bellville Mo.*

17. INFORMANT *Rosa Berry* (ADDRESS) *3133 1/2 Adams*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Park Gate 6/24* 1934

19. UNDERTAKER *Berry & Lytle* (ADDRESS) *3102 Washington*

20. FILED *21* 1934 15 *J. Hedrick* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 19, 1934*

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

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at *2:20* A. M.

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

Haem. from Multiple stab wounds of thigh, chest, & neck caused by knife in hand of Cranston Hamilton

Other contributory causes of importance: *at 1022 1/2 N. Vandeventer about 4:30 P.M. 6/19/34*

Name of operation *174* Date of operation.....

What test confirmed diagnosis?..... Was there an autopsy? *yes*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide *Assault* Date of injury *6/17*, 1934

Where did injury occur? *St. Louis, Mo.* (Specify city or town, county, and State)

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

Manner of injury *Stab wounds*

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

If so, specify (Signed) *Harold P. Schuy* (Address) *St. Louis*

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.

WHILE FURNISHING INFORMATION THIS IS A PERMANENT RECORD

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