

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

Do not use this space.

35070

OCT 18 1934

**1. PLACE OF DEATH**

County North Registration District No. 903 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 4545 Registered No. \_\_\_\_\_  
 City Grant City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Benj. Franklin Hamilton

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ (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. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|  |                                  |   |
|--|----------------------------------|---|
| 3. SEX<br><u>Male</u>  | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Mary Roberts</u>                        |                                  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 22 - 1849</u>   |                                  |   |
| 7. AGE YEARS<br><u>85</u>  | MONTHS<br><u>4</u>               | DAYS<br><u>27</u>   |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>none</u> |                                  | 11. Total time (years) spent in this occupation.....                        |
| 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).....                                     |                                  |   |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Ohio</u>  |                                  |   |
| 13. NAME <u>Robert Hamilton</u>  |                                  |   |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>not known</u>                                       |                                  |   |
| 15. MAIDEN NAME <u>Furbia Shisler</u>  |                                  |   |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>not known</u>                                       |                                  |   |
| 17. INFORMANT <u>Arch Hamilton</u><br>(ADDRESS) <u>Albany, Mo.</u>   |                                  |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Shepherd</u> DATE <u>Sept 19 1934</u>                        |                                  |   |
| 19. UNDERTAKER <u>A. J. Bage</u><br>(ADDRESS) <u>Albany, Mo.</u>   |                                  |   |
| 20. FILED <u>Oct. 9, 1934</u> <u>Med. Bull. Mo.</u><br>Registrar   |                                  |   |

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12 1934 to Sept 18 1934  
 I last saw him alive on Sept 17 1934. Death is said to have occurred on the date stated above, at 3-60 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Myocardial insufficiency  
Influence  
 Date of onset Sept 12, 1934

Other contributory causes of importance:  
Influence

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Phys. ed. test 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) [Signature], M. D.  
 (Address) Grant City, 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.

RECORD WITH EMPLOYING INSTITUTIONS IS A PERMANENT RECORD

1950-1951

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