

NOV 15 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

38356

1. PLACE OF DEATH

County NorthRegistration District No. 904Township UnionPrimary Registration District No. 6246City Union(No. 1)St. Mo.Ward 1

2. FULL NAME

(a) Residence, No. 1St. Mo.Ward. 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 2 mos. 0 ds.

How long in U. S., if of foreign birth?

yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFJohn Gordon Hamilton

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

May 13, 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.6856

OCCUPATION

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
occupationHousewife12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

MOTHER FATHER

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. UNDERTAKER
(ADDRESS)

20. FILED

Oct 22, 1934Mrs O. H. Bond

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Oct 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Oct 18, 1934 to Oct 21, 1934last saw him alive on Oct 18, 1934 Death is saidto have occurred on the date stated above, at 10 P. M.

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

Myocardial Infarction

Date of onset

920

Other contributory causes of importance:

770Name 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? ✓ Date of injury ✓, 19Where 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) ✓ M. D.(Address) ✓

