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.

JAN 15 1935

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

Do not use this space.

42345

1. PLACE OF DEATH
County Clay
Township ~~Kearney~~
City Kearney (No. ..... St. ..... Ward)
Registration District No. 200
Primary Registration District No. 4120
File No. .....
Registered No. 14

2. FULL NAME W. Crow Hamilton (Walter Crow Hamilton
(a) Residence, No. Kearney, Mo. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 14 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): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Eliza Hamilton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 1854

7. AGE: YEARS 80 | MONTHS 2 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
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) Missouri

FATHER
13. NAME Willis Hamilton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Elizabeth Simpson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT (ADDRESS) Dr Buford Hamilton Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Richmond DATE Dec 27 1934

19. UNDERTAKER (ADDRESS) Leonard Fry Kearney, Mo.

20. FILED 12/26 1934 Chas L. Smith Registrar. 12/26/34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-25, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1934, to December 25, 1934
I last saw him alive on 12-24, 1934. Death is said to have occurred on the date stated above, at 8:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-18-34

108

108

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) N. R. Schuhmacher, M. D.
(Address) Kearney Mo.