

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

Do not use this space.

4116

FEB 9 1935

1. PLACE OF DEATH

County Vernon
Township Deerfield
City Deerfield

Registration District No. 870
Primary Registration District No. 5424

File No.
Registered No.
St. Ward)

2. FULL NAME

Amos Still Hamaker

(a) Residence, No. Deerfield Mo. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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 Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9 - 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 11 7

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Jan 1934 11. Total time (years) spent in this occupation. aply

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) P. Blair Co Penn

FATHER
13. NAME Chris Hamaker

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

MOTHER
15. MAIDEN NAME Rebecca Stensel

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Lewis Carpenter Deerfield Mo.

18. BURIAL, CREMATION, OR REMOVAL Deerfield Cemetery DATE Jan 18 1935

19. UNDERTAKER (ADDRESS) Herry Brothers Nevada Mo.

20. FILED 19 35 Mrs. N. B. Primm Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1935

I HEREBY CERTIFY That I attended deceased from Jan 12 1934 to Jan 16 1935
I last saw him alive on Jan 16 1935 Death is said to have occurred on the date stated above, at 1300 m.

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

Carcinoma of Liver
W.C.
Other contributory causes of importance: Senility

Name of operation resection in Date of
What test confirmed diagnosis 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?
If so, specify
(Signed) N. B. Primm, M. D.
(Address) Deerfield Mo.

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.

