

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

APR 25 1935

8244  
64

1. PLACE OF DEATH  
 County Butler Registration District No. 89  
 Township ..... Primary Registration District No. 3007  
 City Poplar Bluff (No. ...., St. .... Ward)

2. FULL NAME Jack Hamilton  
 (a) Residence, No. Elum and S. "C" St. .... 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7, 1867

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
67	4	19	

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) ..... 11. Total time (years) spent in this occupation.....

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26-1935

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1935, to March 26, 1935  
 I last saw him alive on March 26, 1935 Death is said to have occurred on the date stated above, at 7:30 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Date of onset  
Unknown

Other contributory causes of importance:  
Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

FATHER  
 13. NAME Henry Hamilton  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

MOTHER  
 15. MAIDEN NAME D. K.  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

17. INFORMANT Mary Berry  
 (ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Woodlawn DATE 3-27-35 19

19. UNDERTAKER Frank Undertaking Co.  
 (ADDRESS) Poplar Bluff, Mo.

20. FILED 3-27 1935 O. C. Cutsinger  
 Registrar.

Name of operation None 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? No  
 If so, specify .....  
 (Signed) J. W. ... M. D.  
 (Address) Poplar Bluff, Missouri

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