

JUL 17 '935

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

Do not use this space.

18851

1. PLACE OF DEATH

County Adair  
Township  
City Kirksville (No. Laughlin Hospital)

Registration District No. 4  
Primary Registration District No. 3051

File No.  
Registered No. 120  
St. Ward

2. FULL NAME Lida E Hamilton

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

17. I HEREBY CERTIFY, That I attended deceased from June 20, 1935 to June 21, 1935, 1935, that I last saw her alive on June 21, 1935, and that death occurred, on the date stated above, at 7:24 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral embolism

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 29 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
62 7 22

CONTRIBUTORY (SECONDARY) Sub-total heart failure  
permanently  
duration \_\_\_\_\_ mos. \_\_\_\_\_ ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 6, 1935  
WAS THERE AN AUTOPSY?  
WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) Earl Laughlin, M. D.  
, 19 (Address) Kirkville, Mo

9. BIRTHPLACE (CITY OR TOWN) Gentry County Missouri  
(STATE OR COUNTRY)

10. NAME OF FATHER J. M. Brassfield

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Gentry Co. Mo  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn.  
(STATE OR COUNTRY)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT E. B. Hamilton  
(Address) Galt Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Galt Mo DATE OF BURIAL June 21 1935

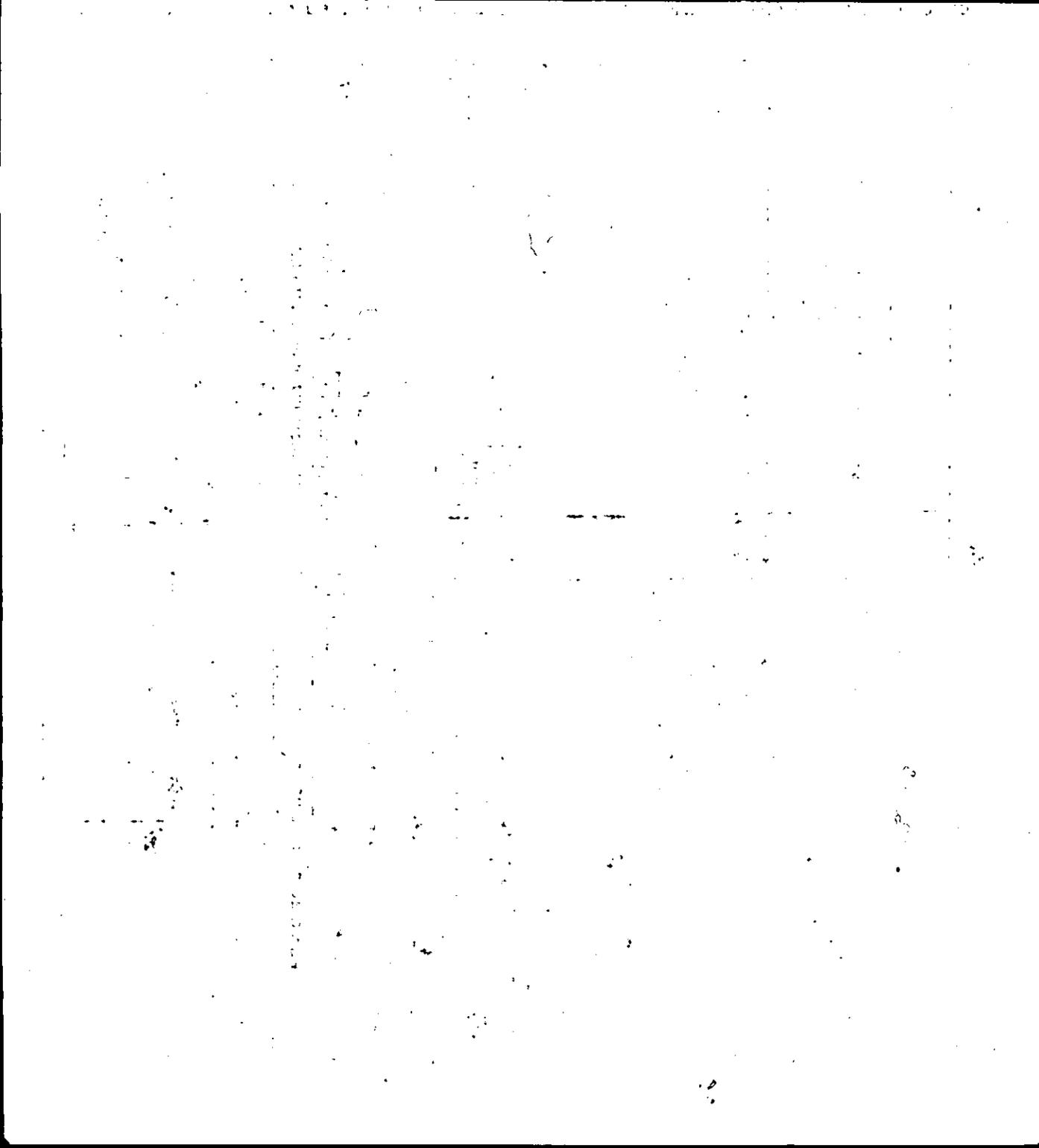
15. FILED June 22 1935 Spencer Freeman  
REGISTRAR

20. UNDERTAKER P. K. Paynerton ADDRESS Galt.

Exact statement of OCCUPATION is very important.  
CAUSE OF DEATH in plain terms, so that it may be properly classified.

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

Do not use this space.

**1. PLACE OF DEATH**

County Adair Registration District No. 4  
 Township Kirksville Primary Registration District No. 3001  
 City Kirksville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 120

**2. FULL NAME**

Lida E. Hamilton  
 (a) Residence, No. \_\_\_\_\_ 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 ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, his or gain.
	<u>62</u>	<u>7</u>	<u>22</u>	

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 occupation \_\_\_\_\_

12. 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

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED June 22, 1935 Spencer Freeman Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_, mo. \_\_\_\_\_  
 The principal cause of death and related causes of importance are as follows:  
Cerebral embolism  
No malignancy  
 Other contributory causes of importance:  
Dist. total hysterectomy and Perineorrhaphy (for prostatic)

Name of operation \_\_\_\_\_ Date of 6/16/35  
 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 \_\_\_\_\_, 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) Earl Laughlin M.D.  
 (Address) Kirksville, Mo

AUG 6 1955

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