

SEP 16 1935

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

Do not use this space.

27053

## 1. PLACE OF DEATH

County Meru  
Township Washington  
City (No. ....) (No. ....) St. .... Ward)

Registration District No. 554  
Primary Registration District No. 3747

File No. ....  
Registered No. 27

## 2. FULL NAME

George Washington Hamilton

(a) Residence, No. Mill-Grove MO St. Ward.

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Laural Hamilton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 22 - 1857</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>6</u>	DAYS <u>6</u>
		If LESS than 1 day, ..... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) mo13. NAME Pleasant Hamilton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa15. MAIDEN NAME Kesig16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Mrs Marie Ballew Hamilton Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Lopez DATE Aug 28 193519. UNDERTAKER (ADDRESS) not known20. FILED Aug 30 1935 Mrs Gaud Thomas Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 193522. I HEREBY CERTIFY that I attended deceased from Aug 15 1935, to Aug 27 1935. I last saw him alive on Aug 27 1935. Death is said to have occurred on the date stated above, at 8 P m.

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

Apoplexy - left side  
hemiplegia complete  
Date of onset 8/15/35

Other contributory causes of importance: Chronic Interstitial Nephritis 8/5-1935Name of operation Chrom Phys exam Date of no  
What test confirmed diagnosis Chrom Phys exam 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 noNature of injury no24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. Perry M. D.  
(Address) Princeton MO

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.

