

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.

NOV 22 1935

33194

1. PLACE OF DEATH

County Rayette  
Township  
City Osceola (No. .... St. .... Ward)

Registration District No. 464  
Primary Registration District No. 4277

File No. 17  
Registered No. 67

2. FULL NAME

Cora Belle Hamilton

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</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>Walter B. Hamilton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 17-1873</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>6</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housework</u>		
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) <u>Gallatin</u> <u>Idaho</u>		
13. NAME <u>Joseph Bundy</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Martha Snyder</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>Cora Bea Murray</u> (ADDRESS) <u>Osceola</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Osceola Cem</u> DATE <u>Oct-29-35</u>		
19. UNDERTAKER <u>Blinn &amp; Sons</u> (ADDRESS)		
20. FILED <u>10-10-35</u> 19 <u>35</u> - <u>7100</u> <u>E. M. Gordon</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27 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..... m.  
The principal cause of death and related causes of importance were as follows:  
Thrombi in Coronary artery Date of onset  
94 to

Other contributory causes of importance:  
Hypertension

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? Yes

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) E. H. Houston Coroner, M. D.  
(Address) Osceola

