

DEC 19 1935

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

Do not use this space.

35953

## 1. PLACE OF DEATH

County Jackson Registration District No. 398  
Township Independence Primary Registration District No. 3819  
City No 1007 So Cottage St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 369  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Theresa Hamilton  
(a) Residence, No. 1007 So Cottage 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 Female 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 Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20 - 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
67 2 7

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Lawsence Co.  
(STATE OR COUNTRY) Ohio

13. NAME Adolph Omer

14. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

15. MAIDEN NAME Pauline Miller

16. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

17. INFORMANT Margaret Hamilton  
(ADDRESS) 1007 So Cottage, Indep mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Holden no. Cem DATE Nov 29 1935

19. UNDERTAKER George C Carson  
(ADDRESS) 101 1/2 Pleasant Indep mo

20. FILED 12-3- 1935 J. L. Cook  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 27 1935

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

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 6 a m.

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

Many diseases  
chronic kidney condition  
Date of onset \_\_\_\_\_

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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) [Signature], M. D.

(Address) [Signature]

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.

WHITE PEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1-2-35

