MAY 21 1936

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

Do not use this space. 10402-2

**1. PLACE OF DEATH**

County Iron — Registration District No. 390 — File No. 5

Township — Primary Registration District No. 5545 — Registered No. 5

City Des Arc (No. 4909 St. Ward)

**2. FULL NAME** Hazel Hamilton

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| fem | white | single |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF [illegible]

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20 1918

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 17 | 3 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

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) Des Arc Mo.

FATHER

13. NAME Issac Hamilton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Des Arc Mo

MOTHER

15. MAIDEN NAME Lula Parch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piedmont Mo.

17. INFORMANT (ADDRESS) C. T. Posten Elvins Mo. R. R. 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Des Arc Mo. DATE 3/16/36, 19

19. UNDERTAKER (ADDRESS) White & Son Ironton Mo.

20. FILED 5/11 1936 B. C. Gunter Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 16, 1936

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 12.30 A.

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

Finding of Coroners Jury Hazel Hamilton died of a result of a fire in her home in Des Arc on 3-16-36

Date of onset

Other contributory causes of importance:

180

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 Accident Date of injury 3/16, 1936
Where did injury occur? Des Arc (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Burned to Death

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ronald Gilsey Coroner, ~~M. D.~~

(Address) Ironton 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.