

MAY 19 1936

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

Do not use this space.

14426

## 1. PLACE OF DEATH

County Carter  
Township Patco  
City Fresmont (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 144  
Primary Registration District No. 3209

File No. \_\_\_\_\_  
Registered No. 62

## 2. FULL NAME:

Mrs. Benjamin Edwin 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 <u>F</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>B. J. Hamilton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 14, 1868</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>4</u>
	DAYS <u>1</u>	If LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>	
	10. Date deceased last worked at this occupation (month and year) <u>up to date</u>	
	11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nashville, Tenn.</u>		
FATHER	13. NAME <u>Joe Smith</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Edith Graven</u> (ADDRESS) <u>Nashville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Side</u> DATE <u>April 16, 1936</u>		
19. UNDERTAKER <u>none</u> (ADDRESS)		
20. FILED <u>May 14, 1936</u> <u>Jessie D. Schupp</u> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19X, to \_\_\_\_\_, 19X.  
I last saw her alive on April 15, 1936. Death is said to have occurred on the date stated above, at 6 p.m.  
The principal cause of death and related causes of importance were as follows:  
Asthma. She was dead when I arrived. Try Dr. Rollins at Winona, Mo. Date of onset

Other contributory causes of importance: X

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? X Date of injury X, 19X.  
Where did injury occur? X  
(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? X  
If so, specify \_\_\_\_\_  
(Signed) J. A. Galt, M. D.  
(Address) Fresmont, 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.

