

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.

FEB 17 1937

1008

1. PLACE OF DEATH
 291 County Greene Registration District No. 325
 Township Walnut Grove Primary Registration District No. 3450
 City Edwards (No. 2) St. Mo. Ward 2

2. FULL NAME Edward Elmo Hamontree
 (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.

File No. VI
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Luella Julian

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24, 1874

7. AGE YEARS 62 MONTHS 3 Days _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 25th
 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) Greene Co. Mo.

FATHER
 13. NAME A. Hamontree
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
 15. MAIDEN NAME Caroline McElhannan
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Byrd Hamontree
 (ADDRESS) Walnut Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn Cemetery Jan 25, 1937

19. UNDERTAKER Bryant Federal Home
 (ADDRESS) Walnut Grove, Mo.

20. FILED 7-25- 1937 Eda B. Colby
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1936 to Jan 24, 1937
 I last saw him alive on Jan 25, 1937. Death is said to have occurred on the date stated above, at 4:30 a. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Nephritis
 Date of onset 1 year

Other contributory causes of importance:
131

Name of operation none Date of _____
 What test confirmed diagnosis Physic chem 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? NO
 If so, specify _____
 (Signed) J. P. Smith M. D.
 (Address) Walnut Grove, Mo.

