

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

Do not use this space.

2693

FEB 29 1937

1. PLACE OF DEATH

County Randolph Registration District No. 732
 Township W. 1st Primary Registration District No. 4457
 City Huber Co. (No. 1) St. _____ Ward _____

File No. _____
 Registered No. 95732

2. FULL NAME Theodore 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 Male 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 4 21

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. _____

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) Randolph Co.

13. NAME Frances Hamilton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co.

15. MAIDEN NAME Adeline K. Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co.

17. INFORMANT Orville Spurling H. D. U. F.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland Cemetery DATE FEB 3 1937

19. UNDERTAKER J. W. Wynn H. D. U. F.

20. FILED Feb 3 1937 J. W. Wynn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 21 1937 to Jan 31 1937

I last saw him alive on Jan 31 1937 Death is said to have occurred on the date stated above, at 11:30 p. m.

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

Indigestion
Dysentery
Voluntary Heart

Other contributory causes of importance: _____

Name of operation Obit Date of _____

What test confirmed diagnosis Obit Was there an autopsy? No

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) J. W. Wynn M. D.

(Address) Huber Co., Mo.

WRITE PLAINLY WITH UNFADING INK...THIS IS A PERMANENT RECORD

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.

