

APR 22 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Miller  
Township Osage  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 6  
Primary Registration District No. 5760

File No. 12635  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Pauline Hamilton

(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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
87 1 18

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. none

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) Mo13. NAME Benjamin F Hamilton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Jane Wimmer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana17. INFORMANT Probate Judge  
(ADDRESS) Fuscomb Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Belyeu Cemetery DATE March 19 1937

19. UNDERTAKER (ADDRESS) The Family Funeral Home20. FILED 3-19 37 John B. Schuiteman  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18 193722. I HEREBY CERTIFY, That I attended deceased from March 2 1937 to March 10 1937

I last saw her alive on March 10 1937. Death is said to have occurred on the date stated above, at 4 P. m.

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

Extreme Burns on rt arm and shoulder  
clothes became ignited from match while lighting a pipe  
In the home

Other contributory causes of importance:

old age in Blindness

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? County  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury At homeNature of injury Burns24. Was disease or injury in any way related to occupation of deceased? X 5

If so, specify \_\_\_\_\_  
(Signed) P. Russell, M. D.

(Address) Fuscomb Mo

This certificate is in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

