

JUL 3 0 1937

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

Do not use this space.

1. PLACE OF DEATH

County Myran Registration District No. 5-66 File No. 24330
Township Myran Primary Registration District No. 5762 Registered No. 111
City Charleston (No.) St. Ward)

2. FULL NAME

(a) Residence, No. P.O. # 2, Clara Lammie farm Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 0 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Charleston Mo.

13. NAME James Hamilton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coldwater Miss

15. MAIDEN NAME Tennessee Qualter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forest Miss

17. INFORMANT (ADDRESS) James Hamilton P.O. # 2 - Charleston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE June 18, 1937

19. UNDERTAKER (ADDRESS) Frank Lutz Funeral Service Charleston, Mo.

20. FILED 6-18-1937 F. D. Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH 6 A.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 A. 1937

22. 6/17 HEREBY CERTIFY That I attended deceased from 1937 to 6/18, 1937

I last saw h. i. m. alive on 6/7, 1937. Death is said to have occurred on the date stated above, at 6:00 A.M.

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

Enterocolitis
Other contributory causes of importance: 119B

Name of operation none Date of
What test confirmed diagnosis? Cl. Symph. 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? no

If so, specify
(Signed) B. Chas. Kolwing M. D.
(Address) Charleston 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.

THIS IS A PERMANENT RECORD

