AUG 24 1937

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

Do not use this space.

27393

1. PLACE OF DEATH
County: Jackson
Township: ~~Ft Osage~~
City: Buckner (No. ..., ... St. ... Ward)

Registration District No. 396
Primary Registration District No. 4233

File No.
Registered No.

2. FULL NAME: Francis Marion Hamilton
(a) Residence, No. Buckner Missouri St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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): widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 24 1859

7. AGE: Years 77 | Months 9 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farm labor
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): 1925
11. Total time (years) spent in this occupation: 35-37 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tipton County Tenn

FATHER
13. NAME: Mr.------- Hamilton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER
15. MAIDEN NAME: Mrs Elizabeth 6-- Hamilton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): Mrs. Mercedes Vineyard Buckner Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Buckner Cem. DATE: July 17/ 37

19. UNDERTAKER (ADDRESS): V M Reppert License 2321 Buckner Missouri

20. FILED: July 17, 1937 John W Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 2, 1937, to July 15/37, 19...
I last saw him alive on July 15 1937, 19... Death is said to have occurred on the date stated above, at 10:45 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
	Unknown

Other contributory causes of importance: 46

no

Name of operation: none Date of: X
What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19...
Where did injury occur? X
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. X
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify X
(Signed) John W Robertson M. D.
(Address) Buckner

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD