

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

Do not use this space.

OCT 18 1937

1. PLACE OF DEATH

County Buchanan
Township.....
City St. Joseph (No. Missouri, Methodist Hospital)

Registration District No. 85
Primary Registration District No. 1001

File No. 33711
Registered No. 1020
St. _____ Ward _____

2. FULL NAME

Lou Hamilton

(a) Residence, No. 418 No. 7th St. 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 Female 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 Walter Hamilton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 7, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 5 13

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) Richmond, Mo.

13. NAME Marcellus Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Georgia.

15. MAIDEN NAME Mary Ford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Virginia.

17. INFORMANT (ADDRESS) Mrs. Jas. C. Sager
418 No. 7th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawson, Missouri DATE Sept. 22, 1937

19. UNDERTAKER (ADDRESS) Walter Meierhoff
1302 Faraon St., St. Joseph, Mo.

20. FILED 9/21 1937 J. J. McLaughlin
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20, 1937 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20 1937 to Sept. 20 1937

I last saw him alive on Sept. 20 1937 Death is said to have occurred on the date stated above, at 5.40 m. P. M.

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

Cancer of Pancreas Last of onset 7

Other contributory causes of importance: None

Name of operation None Date of _____

What test confirmed diagnosis? Biopsy 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) W. W. Warke, M. D.

(Address) Phys. & Surg. Bldg., St. Joseph, 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.

