

JAN 21 1938

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

Do not use this space.

46319

357

855

668

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township Sedalia

Primary Registration District No. 3032

City Sedalia

(No. Bothwell Hosp)

File No. 855

Registered No. 668

St. _____ Ward _____

2. FULL NAME Infant Day M. & Mrs Ralph Hamlin

(a) Residence, No. 1227 S. Stewart 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

MEDICAL CERTIFICATE OF DEATH

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) Dec 13 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 30

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Sedalia (STATE OR COUNTRY) Missouri

13. NAME Ralph Hamlin

14. BIRTHPLACE (CITY OR TOWN) Latham (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Lillian Schoenfeld

16. BIRTHPLACE (CITY OR TOWN) Dashley (STATE OR COUNTRY) N. C.

17. INFORMANT Ralph Hamlin (ADDRESS) Sedalia

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Dec. 14 - 1937

19. UNDERTAKER McLaughlin Bros (ADDRESS) Sedalia Mo.

20. FILED 12-13-37 Flau Black Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 13 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1937, to Dec. 13, 1937

I last saw her alive on Dec. 13, 1937 Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Pneumonia (6 mo) and 2 pneumonia within 7 weeks

Date of onset

Dec 1937

Other contributory causes of importance: none

Name of operation none Date of _____

What test confirmed diagnosis? chest Was there an autopsy? h

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? h (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? h

If so, specify _____

(Signed) Chas. M. D.

(Address) Sedalia Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

