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.

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

Do not use this space. 2067

1. PLACE OF DEATH

(a) County Buchanan — Registration District No. 85

(b) Township — Primary Registration District No. 1001 — Registered No. 48

(c) City St. Joseph, — (d) Street No. St. Joseph's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. 9 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Estella Irene Hamilton 5 & 3

(a) Residence, No. 614½ Messanie St. St.
(Usual place of abode, if no street address, write county or city) (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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan, 4, 1938

7. AGE — YEARS: 0 — MONTHS: 0 — DAYS: 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as 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) St. Joseph, Mo.

FATHER
13. NAME J. Henry Hamilton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER
15. MAIDEN NAME Ruth Akes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Bedford, Mo.

17. INFORMANT (ADDRESS) J. Henry Hamilton, 614½ Messanie St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery #274 DATE Jan, 14, 1938

19. FUNERAL DIRECTOR (ADDRESS) Walter Meinhoffer, 1302 Faraon St. St. Joseph, Mo.

20. FILED 1-14, 1938 H. J. Nestlebush, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 13, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from January 8, 1938, to January 12, 1938
I last saw her alive on January 12, 1938. Death is said to have occurred on the date stated above, at 1.30 m. A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Luetic Erythoblastosis	1-8-38
Other contributory causes of importance:	
Congenital Syphilis	1-4-38

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Name of operation ✓ Date of ✓
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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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) Judson M. Hughes, M. D.
(Address) Phys. & Surg. Bldg., St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Wilbur H. Kelly, Licensed Embalmer No. Mo. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself.

licensed L. E. Embalmer Mo. 3946

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Wilbur H. Kelly

Licensed Embalmer No. Mo. 3946

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)