

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

Do not use this space.

1. PLACE OF DEATH

County Macon
Township Macon
City Macon (No. _____)

Registration District No. 533
Primary Registration District No. 3027

File No. 3379
Registered No. 3
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 6 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired house wife

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) Keokuk, Iowa

13. NAME John Hamilton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Sarah Shook

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mr. Robt. Jones (ADDRESS) Macon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Bur. Parl - 10 - 38

19. UNDERTAKER Stephens & Goodding (ADDRESS) Macon, Mo.

20. FILED 211 1938 S. D. Henderson Registrar. 476

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 8th 1938

22. I HEREBY CERTIFY That I attended deceased from Oct. 10, 1937 to Jan 8, 1938

I last saw her alive on Jan 5, 1938 Death is said to have occurred on the date stated above, at 11 a.m.

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

Leukemia (Lymphatic)

Other contributory causes of importance: Chronic myocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

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? 3

If so, specify Clayton D. Edwards

(Signed) _____

(Address) Macon, 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.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH