

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

Do not use this space.

4248

1. PLACE OF DEATH
 County Saline Registration District No. 796
 Township Marshall Primary Registration District No. 3038
 City Marshall (No. _____) St. _____ Ward _____

2. FULL NAME Mrs. Hamilton
 (a) Residence, No. Mo. State School Ward _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 7 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 Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 1911
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
26 5 17
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custodial care
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** _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19, 1938
22. I HEREBY CERTIFY That I attended deceased from May 21, 1930, to Jan 19, 1938
 I last saw her alive on Jan 8, 1938. Death is said to have occurred on the date stated above, at 6:15 a.m.
 The principal cause of death and related causes of importance were as follows:

Acute Myocarditis
Epilepsy
 Date of onset _____
 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co. Mo.
13. NAME Jackson Hamilton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia
15. MAIDEN NAME Emma Rushton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
17. INFORMANT (ADDRESS) State School Record Marshall Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Newtown, Mo. DATE 1-21-38
19. UNDERTAKER (ADDRESS) Campbell
20. FILED 1-19-38 Mary Kent Registrar. 71

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____ (Signed) M. D.
 (Address) Marshall 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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