

REC'D JUN 16 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Caldwell  
Township \_\_\_\_\_  
City Hamilton (No. \_\_\_\_\_)

Registration District No. 96  
Primary Registration District No. 40.68

File No. 17862  
Registered No. 20  
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

## MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Clark</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 24 1858</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>3</u>
	DAYS <u>4</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>	
	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) <u>Ray Co. Mo.</u>		
FATHER	13. NAME <u>Jackson Hunt</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>	
	15. MAIDEN NAME <u>Mary Alice Crowley</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>	
	17. INFORMANT <u>Mary Clark Evans</u> (ADDRESS) <u>Hamilton Mo</u>	
18. BURIAL CREMATION OR REMOVAL PLACE <u>Highland</u> DATE <u>May 31 - 1938</u>		
19. UNDERTAKER (ADDRESS) <u>H. M. Hunt</u> <u>Hamilton Mo</u>		
20. FILED <u>May 31 1938</u> <u>M. B. Brown</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1938

22. I HEREBY CERTIFY, That I attended deceased from May - 1938, to May 28 1938  
I last saw her alive on May 27 1938. Death is said to have occurred on the date stated above, at 5:25 p.m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
Date of onset May 20 1938

Other contributory causes of importance:  
arterio sclerosis  
oyst

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Phyphology 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) Herbert R. Bouch, M. D.  
(Address) Hamilton Mo

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

