

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

REC'D JUN 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Chariton Registration District No. 171  
Township Keptseville Primary Registration District No. 5239  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 17999  
Registered No. 13

2. FULL NAME

Dela Hamilton 54.5

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS OR (OR) WIFE OF <u>Henry Hamilton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 3-1906</u>		
7. AGE	YEARS <u>31</u>	MONTHS <u>8</u>
	DAYS <u>21</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>Keptseville Mo</u>		
MOTHER	13. NAME <u>Edward Mareum</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chariton Co Mo</u>	
	15. MAIDEN NAME <u>Erna Lancaster</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chariton Co mo</u>	
17. INFORMANT <u>Albert Lancaster</u> (ADDRESS) <u>men of mo</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Asbury</u> DATE <u>5/25/38</u>		
19. UNDERTAKER (ADDRESS) <u>Wenden Mo</u>		
20. FILED <u>5/25</u> 19 <u>38</u> <u>Ma Ray Sander</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1938

22. I HEREBY CERTIFY, That I attended deceased from May 11 1938, to May 24 1938  
I last saw him alive on May 23 1938. Death is said to have occurred on the date stated above, at 7:30 Am.  
The principal cause of death and related causes of importance were as follows:  
Brain abscess  
Date of onset 5-19-38

Other contributory causes of importance:  
chronic otitis media since childhood. Acute circumscript otitis externa - presumably during 5-11-38

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical. 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) O. Dammann, M. D.  
(Address) Keptseville, Mo.

1947



1947

1947

[Faint, illegible text covering the majority of the page, possibly bleed-through from the reverse side.]