REC'D JUN 14 1938
Mis. Hamilton

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

Do not use this space.

1. PLACE OF DEATH
County Shannon — Registration District No. 1077 — File No. 19685
Township Casto — Primary Registration District No. 6083 — Registered No. 20
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Maud Hamilton - 54
(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 7.
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1 - 1889

7. AGE — YEARS 47 — MONTHS 8 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hwy.
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) Oakside - Missouri

FATHER
13. NAME George Massengill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Indiana.

MOTHER
15. MAIDEN NAME Victoria Allie.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown. Tenn.

17. INFORMANT (ADDRESS) Arthur Hamilton Husband Summersville, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Oakside Cemetery DATE Nov. 23, 1936

19. UNDERTAKER (ADDRESS) Frank Koller. neighbor Summersville, Mo.

20. FILED June 11, 1938 J. B. McDaniels M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1936, to November 15, 1936
I last saw her alive on 11/15, 1936. Death is said to have occurred on the date stated above, at 11:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic parenchymatous nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab. 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) J. B. McDaniels, M. D.
(Address) Summersville, Missouri

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