

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

SEP 20 1938

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

Do not use this space.

29125

1. PLACE OF DEATH

County Jackson

Township Harrison

City Harrison (No. 1)

Registration District No. 400

Primary Registration District No. 5553B

File No.

Registered No. 175

2. FULL NAME

(a) Residence, No. James Merle Hamilton St. Ward. Sedalia, Mo.

Length of residence in city or town where death occurred yrs. mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7 - 1914

7. AGE YEARS 24 MONTHS 4 DAYS 7 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail Road 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 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) unknown 9

MOTHER 13. NAME unknown 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9

15. MAIDEN NAME unknown 9

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9

17. INFORMANT (ADDRESS) Rail Road Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Harrison DATE 8/20/38

19. UNDERTAKER (ADDRESS) No. 1000 Harrison

20. FILED Aug 17 - 1938 William J. Hildebrand Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

Death is said to have occurred on the date stated above, at 11:20 a.m.

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

Was killed by a No. 2076 Pae Train  
Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury Aug 14, 1938

Where did injury occur? 1 mi. west of Lee's Summit, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On 2nd No. Pae R.R. tracks

Manner of injury Ran over by a train

Nature of injury Crushed & mangled

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A. G. Swaney, M. D. Deputy Coroner Lee's Summit, Mo.

