

REC'D SEP 9 1938

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

Do not use this space.

1. PLACE OF DEATH

84 County Polk Registration District No. 704  
Township Looney Primary Registration District No. 4425  
5 City Morrisville Mo (No. 2) St. Mo Ward 543

File No. 29738  
Registered No. \_\_\_\_\_

2. FULL NAME Margaret M. Hamilton

(a) Residence, No. Morrisville Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF Chas. L. Hamilton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
52 5 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Housewife

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) Brownsville Tennessee

FATHER 13. NAME Samuel D. Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Bell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Mr. Chas. L. Hamilton (ADDRESS) Morrisville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakville Cemetery DATE Aug 23 1938

19. UNDERTAKER Brown Funeral Service (ADDRESS) 204 N. 3rd St. Mo

20. FILED 8/21 1938 Wm. J. Harrell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August - 18 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-17 1938 to 8-18 1938

I last saw him alive on 8-17 1938 Death is said

to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows: Common myeloid leukemia 8/12/38

Date of onset

Other contributory causes of importance: Hypertension 94/120

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Leucemia Was there an autopsy? Yes

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) W. J. Harrell, M. D.

(Address) Morrisville

