

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

Do not use this space.

OCT 21 1938

32342

1. PLACE OF DEATH

County Howell Registration District No. 387
 Township Dyerick Primary Registration District No. 5540
 City Pomona, Mo. (No. _____ St. _____ Ward _____)

2. FULL NAME Caralee Hamilton.

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1938, to Sept 18, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 8, 1936

I last saw her alive on Sept 18, 1938. Death is said to have occurred on the date stated above, at 4 p. m.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS 2 MONTHS 1 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

703-7911 - Acute lymphoid Leukemia Date of onset 8-15-38

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.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0

Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) Pomona, Mo. (STATE OR COUNTRY) Howell County, Mo.

13. NAME Arthur O. Hamilton.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Blood Exam. Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) Mercer County, Missouri (STATE OR COUNTRY)

15. MAIDEN NAME Elsie Anna Fleming.

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.

16. BIRTHPLACE (CITY OR TOWN) Drumright, Oklahoma (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Arthur O. Hamilton, Pomona, Mo.

Manner of injury _____ Nature of injury _____

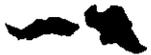
18. BURIAL, CREMATION, OR REMOVAL PLACE Mackey Cemetary DATE Sept. 15, 1938

19. UNDERTAKER Burns & Sons (ADDRESS) Willow Springs, Mo.

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) E. C. Bohrer, M. D.
 (Address) West Plains, Mo.

20. FILED Sept 20, 1938 Pora Cage Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SIGNATURE



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