

OCT 25 1938

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

32782  
Do not use this space.

1. PLACE OF DEATH

(a) County Miller Registration District No. 565  
(b) Township Osage Beach Primary Registration District No. 5761a Registered No. 7  
(c) City Osage Beach, Mo. (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Goldie Hamilton 543  
(a) Residence, No. Osage Beach Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
47 5 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as 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) Blackwater 0  
(STATE OR COUNTRY) Missouri 6

13. NAME G B Hamilton 6

14. BIRTHPLACE (CITY OR TOWN) Oseola 0  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Vest

16. BIRTHPLACE (CITY OR TOWN) Mountain View  
(STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. H. Y. Pridgen  
Jules, Okla. P.O. Box 51

18. BURIAL, CREMATION, OR REMOVAL PLACE Lamine Mo. DATE Oct 3, 1938

19. FUNERAL DIRECTOR (ADDRESS) Keith M. Rays  
Eldon, Mo.

20. FILED 10-3 1938 C. R. Hawkins  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1938, to Oct 1 1938. I last saw her alive on Sept 25 1938. Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Coronary occlusion  
Chf. myocarditis.

Other contributory causes of importance:

Chr. myocarditis.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? none 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) E. S. Heston, M. D.  
Eldon Mo. (Address)

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.

I X12004

RECEIVED

Miller County Health Dep't

County File Number.....

Date Filed 10-9-38

STATEMENT BY LICENSED EMBALMER

I, Keith M. Kaye, Licensed Embalmer No. 3998

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Keith M. Kaye  
Licensed Embalmer No. 3998

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)