

NOV 25 1938

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

36709

Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773
 (b) Township St. Francois Primary Registration District No. 6018A Registered No. 137
 (c) City Farmington (d) Street No. State Hospital No. 4 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

(a) Residence, No. 5113 Page Hamilton St.
St. Louis Mo (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 Male 4. COLOR OR RACE White 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) 2/26/84

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
54 8 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mail Clerk +
 9. Industry or business in which work was done, as saw mill, bank, etc. Haw. Clerk
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Lebanon
 (STATE OR COUNTRY) Tennessee

13. NAME John M. Hamilton

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

15. MAIDEN NAME Nellie White

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

17. INFORMANT State Hospital & Records
 (ADDRESS) Farmington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon Inn DATE 10-28 1938

19. FUNERAL DIRECTOR (NAME) Coyne
 (ADDRESS) Farmington Mo.

20. FILED Oct 29, 1938 R. S. Johnson
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/28 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/18 1938 to 10/28 1938

I last saw him alive on 10/28 1938 Death is said

to have occurred on the date stated above, at 1:50 P. M.

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

General paralysis of the insane (paris) Date of onset ?
82'

Other contributory causes of importance:
Urinary cystitis aggravated by urinary retention. ?

Name of operation none Date of _____
 What test confirmed diagnosis? Abnormal Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 1938

Where did injury occur? no
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

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

If so, specify _____
 (Signed) R. S. Johnson M. D.
699 (Address) State Bldg. #29 Farmington Mo

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Nellie Hartes

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Nellie Hartes

Licensed Embalmer No. 2969

P. O. Address Larminston Mo.

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.)

If this body is not embalmed, above space should be left blank.