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.

DEC 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County Randolph — Registration District No. 736 — File No. 40141

Township Prairie — Primary Registration District No. 6964 — Registered No. 74

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Albert Hardy Hamilton

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 13th 1873

7. AGE: YEARS 65 — MONTHS 4 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Mo

FATHER

13. NAME: Jack Hamilton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER

15. MAIDEN NAME: Lucinda Spurling
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Mrs Elsie Hamilton R F D Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Moberly Mo DATE: Nov 26th 1938

19. UNDERTAKER (ADDRESS): Mahan & Son Moberly Mo

20. FILED: Nov 29, 1938 G. Kimbrough Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1938, to Nov. 23, 1938

I last saw him alive on Nov 24, 1938. Death is said to have occurred on the date stated above, at 6:30 P.m.

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

	Date of onset
Cancer of Liver	Oct 1938

Other contributory causes of importance: 46

Name of operation: Exploratory — Date of Sept 30

What test confirmed diagnosis? operation — 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) F. L. McCormick, M. D.

(Address) Moberly Mo.

EIVED

ct Health Officer No. 10

File Number 10-38-

iod 12-13-88