

EB'D JAN 13 1938

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

44585
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 796
 (b) Township Marshall Primary Registration District No. 3038
 (c) City Marshall, Mo. (d) Street No. South Lincoln 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 18 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 183

2. PRINT FULL NAME Thomas W. Hamilton

(a) Residence, No. So. Lincoln St. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Malr 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 Mary Etta Whittle
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4, 1847
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 II I4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret. Farmer
 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) St. Louis Co. Mo. (STATE OR COUNTRY) 0

FATHER 13. NAME Wayne Hamilton

14. BIRTHPLACE (CITY OR TOWN) St. Louis, Co. Mo. (STATE OR COUNTRY) 0

MOTHER 15. MAIDEN NAME Martha McCullough

16. BIRTHPLACE (CITY OR TOWN) St. Louis Co. Mo. (STATE OR COUNTRY) 0

17. INFORMANT Mrs. Thomas Hamilton (ADDRESS) South Lincoln, Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lamine Cemetery Dec. 20, 1938

19. FUNERAL DIRECTOR (NAME) J. Leslie Sweeney (ADDRESS) Marshall, Mo.

20. FILED 12-23-38 Mary Kent 712 (Address) Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18, 1938
 22. I HEREBY CERTIFY, that I attended deceased from July 2, 1930 to Dec 18, 1938.
 I last saw him alive on Dec 18, 1938. Death is said to have occurred on the date stated above, at 1:15 P.M.
 The principal cause of death and related causes of importance were as follows:

Ch. Hypertension
121
 Other contributory causes of importance:
Hypertrophied prostate
prostatitis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) J. Leslie Sweeney M. D.
 (Address) Marshall 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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1/10/39

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, myself, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed J. Gerlie Surrain
Licensed Embalmer No. 3235

P. O. Address Marshall, W. Va.

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.