REC'D FEB 9 1939

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

3083
Do not use this space.

1. PLACE OF DEATH

(a) County Mercer | Registration District No. 556
(b) Township Morgan | Primary Registration District No. 4378 | Registered No. 7
(c) City Princeton | (d) Street No. ..... 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 543 (Wilda Hamilton) - Wilda Lee Hamilton

(a) Residence, No. Axtell Hospital 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: Female
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: Clifford Hamilton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 13, 1912

7. AGE: YEARS 26 | MONTHS 6 | DAYS 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) (STATE OR COUNTRY): Mercer Co. Mo.

FATHER
13. NAME: Ottowell Curtis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mercer Co. Mo

MOTHER
15. MAIDEN NAME: Sarah Booher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mercer Co. Mo.

17. INFORMANT (ADDRESS): Clifford Hamilton Princeton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Payne Cem. DATE: Jan 25, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Noel Moss 494 Princeton Mo.

20. FILED: 1/25 1939 JM Perry
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1939, to Jan 24, 1939
I last saw her alive on Jan 24, 1939. Death is said to have occurred on the date stated above, at 1.15A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	1/12-39
Bronchio Pneumonia	1/20-39
149B	
Other contributory causes of importance:	
Delivery Jan 22, 1939	1/22-39

Name of operation: no Date of .....
What test confirmed diagnosis? Clyp 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) Axtell Hosp. B. T. Axtell D.O., M. D.
(Address) Princeton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, Noel Moss, or by .....

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

Signed Noel Moss

Licensed Embalmer No. 2623

P. O. Address Princeton Me

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

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