

REC'D FEB 24 1939

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

3089  
Do not use this space.

1. PLACE OF DEATH

(a) County Mercer 2 Registration District No. 553

(b) Township Marion Primary Registration District No. 5746 Registered No. 2

(c) City ..... (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 Dale Eugene Hamilton

(a) Residence, No. .... St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Baby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

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) Mo.

13. NAME Clifford Hamilton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Willa Lea Curtis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Clifford Hamilton (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Payne DATE Jan. 23, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Neal Moss Princeton Mo.

20. FILED Jan 25, 1939 S. T. Davis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1939, to Jan 23, 1939. I last saw him alive on Jan 23, 1939. Death is said to have occurred on the date stated above, at 3:30 AM. The principal cause of death and related causes of importance were as follows:

Premature birth.

Date of onset

Other contributory causes of importance: The mother is ill with influenza at the time of birth.

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? ..... If so, specify ..... (Signed) D. B. Astell D.O., M. D. (Address) Princeton, Mo.

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**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, .....

....., or by .....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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