

RECD FEB 7 1939

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

3112
Do not use this space.

1. PLACE OF DEATH

(a) County Miller Registration District No. 6
(b) Township Osage Primary Registration District No. 5760
(c) City St. Elizabeth, Mo. (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

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/20 - 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5 - 1939, to 1-20, 1939
Last saw him alive on 1-20, 1939. Death is said to have occurred on the date stated above, at 8 p. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-9-1884
7. AGE YEARS 54 MONTHS 5 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

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

Cerebral Apoplexy

Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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) 1938 11. Total time (years), spent in this occupation Life

Other contributory causes of importance: g. m.

12. BIRTHPLACE (CITY OR TOWN) St. Elizabeth, Mo. (STATE OR COUNTRY) Mo.

FATHER 13. NAME James Hamilton
14. BIRTHPLACE (CITY OR TOWN) St. Elizabeth, Mo. (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Lucinda Capps
16. BIRTHPLACE (CITY OR TOWN) Pusey, Mo. (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Vernettie Hamilton (ADDRESS) St. Elizabeth, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Capps, Cem. DATE 1/22 39

19. FUNERAL DIRECTOR (NAME) Ch. Casey (ADDRESS) Osage, Mo.

20. FILED 1-21, 1939 John C. Schaeferman (Address) Osage, Mo. Local Registrar.

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) G. W. Duncan, M. D.

~~CONFIDENTIAL~~

JUN 28 1957

SEP 9 1957

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 with the above constitutes grounds for revocation of license.)

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