

REC'D FEB 27 1939

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

3981
Do not use this space.

1. PLACE OF DEATH
 (a) County Saline Registration District No. 796
 (b) Township Primary Registration District No. 3038 Registered No. 15
 (c) City Marshall (d) Street No.
 (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: John Hamilton
 (a) Residence, No. 70 1/2 South Lafayette 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4th, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
53 5 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

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) Saline County
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Dont Know

FATHER 14. BIRTHPLACE (CITY OR TOWN) Dont Know
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Dont Know

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Dont Know
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) C. S. Brown
Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park Cem. DATE Jan. 24 1939

19. FUNERAL DIRECTOR (NAME) Campbell-Lewis
 (ADDRESS) Marshall, Mo.

20. FILED: 1-24 1939 Mary Kent
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-22, 1939, to 1-23, 1939
 I last saw him alive on 1-23, 1939. Death is said to have occurred on the date stated above, at 4:45 m.
 The principal cause of death and related causes of importance were as follows:

Epilepsy -
Died in a seizure
 Date of onset

Other contributory causes of importance: 59
Diabetes
Several years

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? No
 If so, specify C. J. Warren D.D.
 (Signed) Marshall Mo (Address)

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 11/9/39

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,

R. W. Campbell

or by

Registered Apprentice No., working under my personal supervision.

Signed *R. W. Campbell*

Licensed Embalmer No. *3469*

P. O. Address *Marshall, Mo*

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.