

DEC'D APR 11 1939

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

10908
Do not use this space.

1. PLACE OF DEATH

(a) County GRUNDY ² Registration District No. 326
(b) Township 1 Primary Registration District No. 4196 Registered No. 2-
(c) City SPICKARD (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 JOHN ERICKSON 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

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LILLIE (CLARK) HAMILTON
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 19 1863
7. AGE YEARS 75 MONTHS 8 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED
9. Industry or business in which work was done, as saw mill, bank, etc. farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) MERCER COUNTY
(STATE OR COUNTRY) MISSOURI

13. NAME ARCIBALD HAMILTON
14. BIRTHPLACE (CITY OR TOWN) INDIANA
(STATE OR COUNTRY)

15. MAIDEN NAME ELIZABETH ERICKSON
16. BIRTHPLACE (CITY OR TOWN) MERCER Co
(STATE OR COUNTRY) MISSOURI

17. INFORMANT George HAMILTON
(ADDRESS) Osgood Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE MERCER Co Mo DATE MICH 25 1939

19. FUNERAL DIRECTOR (NAME) Chas. Schaefer
(ADDRESS) Spickard Mo

20. FILED Mar 25 1939 Mrs. Wilbur Vaughn
Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____ 1939, to Mch. 23, 1939
I last saw him alive on MAR 19, 1939. Death is said to have occurred on the date stated above, at 10:25 a.m.
The principal cause of death and related causes of importance were as follows:

apoplexy

Date of onset

Other contributory causes of importance:

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) W. J. Young, M. D.
_____, (Address) Spickard 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.

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RECEIVED

District Health Officer No. 11,

District File Number

39-247

Date Filed

APR 7 1939

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, Ross Wise

or by

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

Signed

Ross Wise

Licensed Embalmer No.

3771

P. O. Address

Spickard 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.