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.

REC'D SEP 6 1939

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

28357
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 3359
(c) City Kansas City, Mo. (d) Street No. Trinity Lutheran Hospital 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 Mark W. Hamilton
(a) Residence, No. 1323 College 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lizzie Hamilton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mch 22, 1871
7. AGE: YEARS 68 MONTHS 5 DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.: Meat cutter
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): Canada
FATHER
13. NAME: William Hamilton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland
MOTHER
15. MAIDEN NAME: Jane Sadler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland
17. INFORMANT (ADDRESS): Mrs. Lizzie Hamilton, 1323 College
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Moriah DATE: Aug 26, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): R. V. Lindsay & Sons, 3811 Broadway
20. FILED: 8/26, 1939 M. M. Brown, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 24/39, 19..., to Aug 24, 1939
I last saw him alive on Aug 24, 1939 Death is said to have occurred on the date stated above, at 10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Ulcer	10-12 yrs ago
117a	

Other contributory causes of importance:
Perforated Gastric Ulcer 24 hrs
General Peritonitis 20 hrs
Name of operation: Suture Perforation
What test confirmed diagnosis? Drainage 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) John Ogilvie, M. D.
(Address) 730 Prof Bldg

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph E. Mill

Registered Apprentice No. 164, working under my personal supervision.

Signed Roscoe H. Keeler

Licensed Embalmer No. 3738

P. O. Address 3811 Bdy. L.C. N.Y.

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

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