

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

28699
 Do not use this space.

REC'D SEP 13 1939

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
 (b) Township Poplar Bluff Primary Registration District No. 5731
 (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 Buster Cecil Hamilton
 (a) Residence, No. 543 5th E. Henderson Mo. 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 Zelma P. Hamilton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5 1913

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>27</u>	<u>1</u>	<u>28</u>	

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

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) June 1939

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Altus Okla

13. NAME Fred A. Hamilton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wks. Okla

15. MAIDEN NAME Betha A. Taylor

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

17. INFORMANT Mrs. Zelma Hamilton
 (ADDRESS) Williamsville Mo R 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Head Cem DATE Aug 3 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) N. D. Phelps Poplar Bluff Mo

20. FILED 8/31 1939 Butler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1939

22. I HEREBY CERTIFY, That I attended deceased from August 1 1939, to Aug 3 1939
 I last saw him alive on Aug 1 1939. Death is said to have occurred on the date stated above, at 12:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Typhoid fever Date of onset 6 weeks

Other contributory causes of importance:
Typhoid paratit 1 week

Name of operation Drained Rt. paratid abscess Date of 8/1/39
 What test confirmed diagnosis? Cultural. 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? Yes
 If so, specify _____ (Signed) Phelps Hamilton, M. D.
 (Address) Poplar Bluff 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.

I X18625

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 comply with the above constitutes grounds for revocation of license.)

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