WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN-RESERVED FOR BINDING

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 14 1939

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

29005
Do not use this space.

1. PLACE OF DEATH
(a) County Daviess — Registration District No. 250
(b) Township — Primary Registration District No. 4150 — Registered No. 19
(c) or City Gallatin — (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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 543 John W. Hamilton
(a) Residence, No. Gallatin, 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
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Armine Hamilton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 26, 1849
7. AGE: YEARS 90 — MONTHS 3 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Clerk
9. Industry or business in which work was done, as saw mill, bank, etc.: Hardware
10. Date deceased last worked at this occupation (month and year): Jan. 1914
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Daviess Co. Missouri

FATHER
13. NAME: Thomas Jefferson Hamilton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Tennessee

MOTHER
15. MAIDEN NAME: Mary Boucher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri

17. INFORMANT (ADDRESS): Frank Hamilton Gallatin, Mo.
18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ PLACE: Jamesport, Mo. DATE: Aug. 21 39
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Hope Furn. & Undt. Co Gallatin, Mo.
20. FILED: Aug. 21 1939 H. A. Hope, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 20, 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1939, to Aug 20, 1939
I last saw him alive on Aug 20, 1930. Death is said to have occurred on the date stated above, at 11:30 AM
The principal cause of death and related causes of importance were as follows:

Senility + Arterial Hypotension

Date of onset

Other contributory causes of importance: None

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) M B Bailey M.D.
227 (Address) Gallatin Mo.

(Licensed Embalmer's Statement on Reverse Side)

50M-9-19-38 1 X16605

RECEIVED
District Health Officer No. 11
District File Number 939-1181
Date Filed SEP 11 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, ~~or by~~

L. O. Richesson, Registered Apprentice No.,
working under my personal supervision.

Signed L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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.