

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

**30020**  
Do not use this space.

DEED SEP 12 1939

1. PLACE OF DEATH <sup>2</sup>  
(a) County Randolph Registration District No. 736  
(b) Township Practical Primary Registration District No. 59EH  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St.

(e) Length of residence in city or town where death occurred 94 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 543 ANN CORDELIA HAMILTON

(a) Residence, No. RFD #1 MOBERLY 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hezekiah Hamilton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar - 12 - 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
94 5 2

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. Housewife  
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) Randolph, Co. Missouri

FATHER 13. NAME John Hamilton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Elizabeth Martin

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

17. INFORMANT (ADDRESS) Mrs. Jim H. Cleator RFD #1 Moberly Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamilton Cemetery DATE Aug - 15 - 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sandy Funeral Home Moberly Mo.

20. FILED Aug 22 1939 G. H. Winbush Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 17 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Coroner's Office, 19\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3:00 A.M.  
The principal cause of death and related causes of importance were as follows:

Natural but not determined  
Other contributory causes of importance: 16 1/2 Secility

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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 \_\_\_\_\_  
(Signed) E. W. Shroder, Coroner, M. D.  
663 (Address) Moberly, Mo.

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

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. 10

District File Number 9-39-1525

Date Filed SEP-6-1939

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 Myself

and P. M. Gates, Registered Apprentice No. 185  
working under my personal supervision.

Signed Chas. E. Barnes

Licensed Embalmer No. 2414

P. O. Address Wootery Mt

**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.