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

OCT 19 1939

33231
Do not use this space.

1. PLACE OF DEATH (a) County Phelps 3 Registration District No. 678
(b) Township or (c) City St James 1 Primary Registration District No. 4464 Registered No.
(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.
543

2. PRINT FULL NAME Leona Hamilton
(a) Residence, No. Soldiers Home St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Wd

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Hamilton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-25-1865

7. AGE: Years 74 | Months — | Days 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
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) 1-1-1931
11. Total time (years) spent in this occupation 30-32

12. BIRTHPLACE (CITY OR TOWN) Cincinnati (STATE OR COUNTY) Ohio

FATHER
13. NAME Dont Know
14. BIRTHPLACE (CITY OR TOWN) / / (STATE OR COUNTY) / /

MOTHER
15. MAIDEN NAME / /
16. BIRTHPLACE (CITY OR TOWN) / / (STATE OR COUNTY) / /

17. INFORMANT Soldiers Home records (ADDRESS) St James Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Cem DATE 8-20-1939

19. FUNERAL DIRECTOR (NAME) W E Kuckluhn (ADDRESS) St James Mo

20. FILED 8-20-1939 Elmer B. Houk Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 1-1939, to 8-18, 1939
I last saw her alive on 8-12, 1939. Death is said to have occurred on the date stated above, at 11:45 p.m.
The principal cause of death and related causes of importance were as follows:

From Shock following Fracturing from Hips & Stomach

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 8-1, 1939
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) C H Fulbright, M. D.
(Address) St James Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Orcel E Licklider, Registered Apprentice No. ..... working under my personal supervision.

RECEIVED
District Health Officer No. 5,
District File Number 10 39295
Date Filed 101039

Signed Orcel E Licklider

Licensed Embalmer No. 3546

P. O. Address St James M

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

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