

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.

Dr. R. E. Baker

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

40508
Do not use this space.

1. PLACE OF DEATH *Phelps* / Registration District No. *677*
 (a) County *Phelps* / Primary Registration District No. *4403*
 (b) Township *Rolla* / or / City *Rolla* / (c) Street No. *W. Federal Hospital* / Registered No. *131*
 (d) Street No. *W. Federal Hospital* / (If death occurred in Hospital or institution, write its name instead of street and number) St.
 (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 *Arthur Edward Hamilton*
 (a) Residence, No. *Hoban Sta. St. Rolla, Mo. 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 *Male* / 4. COLOR OR RACE *White* / 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 19, 1924*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
15 9 1
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Schoolboy* / 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) _____ / 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Rolla, Mo.*
 FATHER 13. NAME *Charles R. Hamilton* / 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ulser Co., N.Y.*
 MOTHER 15. MAIDEN NAME *Clara Gahr* / 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Rolla, Mo.*
 17. INFORMANT *Elizabeth Hamilton* / (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Elk Prairie, Mo.* DATE *Nov. 22, 1939*
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Mrs. Harry McCann Rolla, Mo.*
 20. FILED *Nov. 22, 1939* *Jos. F. Myers* / Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 20, 1939*
 22. I HEREBY CERTIFY, That I attended deceased from *May, 1938* to *Nov 20, 1939*
 I last saw him alive on *Nov 20, 1939*. Death is said to have occurred on the date stated above, at *9 P.M.*
 The principal cause of death and related causes of importance were as follows:
Diabetes
 59
 Other contributory causes of importance: _____
 Name of operation *None* / Date of _____
 What test confirmed diagnosis? *Lab.* / Was there an autopsy? *Yes*
 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) *R. E. Baker* / M. D.
 610 (Address) *Newburg, Mo.*

(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~~.....

R. J. McCaw

~~Registered Apprentice No.~~.....

working under my personal supervision.-----

RECEIVED

District Health Officer No. 8.

District File Number 1229-497

Date Filed 12/13/39

Signed.....

R. J. McCaw

Licensed Embalmer No.

3953

P. O. Address.....

Rolla, 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.