

FILED MAR 11 1940

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

7905

Do not use this space.

1. PLACE OF DEATH *Ray*
- (a) County *Ray* Registration District No. *744*
- (b) Township *Richmond* Primary Registration District No. *3035* Registered No. *23*
- (c) City *Richmond, Mo* (d) Street No. _____ St.
- (e) Length of residence in city or town where death occurred yrs. mos. da. (If death occurred in Hospital or Institution, write its name instead of street and number)
- (f) How long in U. S., if of foreign birth? yrs. mos. da.
2. PRINT FULL NAME *Mrs. Eliza Hamilton*
- (a) Residence, No. *Richmond* *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) *Widow*
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Dr. Walter C. Hamilton*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 2 - 1857*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
- 82* *3* *27*
- OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housekeeper*
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) *Crab Orchard Kentucky*
- FATHER
13. NAME *David Garrison*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ken.*
- MOTHER
15. MAIDEN NAME *Margarett Middleton*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ken.*
17. INFORMANT (ADDRESS) *A. P. Hamilton Richmond Mo.*
18. BURIAL, CREMATION, OR REMOVAL PLACE *Richmond* DATE *Mar 2nd 1940*
19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Brother James Home Richmond Mo.*
20. FILED *March 5, 1940* *Walter Jackson* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-29-40*
22. I HEREBY CERTIFY, That I attended deceased from *Jan 1, 1939, to Feb 29, 1940*
- I last saw her alive on *Feb 29, 1940* Death is said to have occurred on the date stated above, at *9:30 p.m.*
- The principal cause of death and related causes of importance were as follows:
- Chronic myocarditis*
- Date of onset
- Other contributory causes of importance:
- Hemiplegy*
Arteriosclerosis
- Name of operation *none* Date of _____
- What test confirmed diagnosis? *none* 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*
- specify _____
- (Signed) *A. G. Smith*, M. D.
- (Address) *Richmond Mo*

(Licensed Embalmer's Statement on Reverse Side)

WHILE FADING, 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 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED
DISTRICT HEALTH OFFICER NO. 8,
DISTRICT FILE NUMBER
Lato Filed

318740

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.....

J Brothers

Registered Apprentice No.....

working under my personal supervision.

Brothers Funeral Home

Signed..... *J Brothers*

Licensed Embalmer No. *2001*

P. O. Address..... *Richmond Va*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7905

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 744

Primary Registration District No. 3035

Registrar's No.

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Ray
(c) City or town Richmond Mo
(If outside city or town limits write "RURAL")
(d) Street No. 428 S. Houston
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRIME ELIZA HAMILTON
FULL NAME

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W
6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one year
82 3 27 _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) March 6 - 40 (b) Malcolm Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 29
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature H. M. Griffith (M. D. or other) _____

Address Richmond Mo _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

