N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importa

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

FILED OCT 23 1940

Do not use this space.

1. PLACE OF DEATH
County CARTER — Registration District No. — File No. 31670
Township — Primary Registration District No. 5 — Registered No.
City — (No. , St. Ward)

2. FULL NAME Bengamin Franklin Hamilton
(a) Residence, No. Carter Co Mo Rural
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 40 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Hamilton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS 84 MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, 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) Graves Co. Ky.

FATHER
13. NAME Bengamin Franklin Hamilton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Troy Hamilton
18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Site DATE Sept 23, 1940
19. UNDERTAKER (ADDRESS) none
20. FILED Oct 10, 1940 Jessie D Schupp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22, 1940
22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to Sept 22, 1940
I last saw him alive on July 5, 1940 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	July 38

Other contributory causes of importance:
Tuberculosis-intestines

Name of operation — Date of
What test confirmed diagnosis? Clinical 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) Wm H. Burton, M. D.
(Address) Van Buren, Mo

RECEIVED

District Health Officer No. 5,

District File Number 10901056

Date Filed