

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

Do not use this space.

**1. PLACE OF DEATH**

County Henry  
Township Clinton  
City (No. ....) (St. ....) (Ward)

Registration District No. 347  
Primary Registration District No. 5488

File No. 903  
Registered No. 170

**2. FULL NAME**

Chas. W. Hamlin

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Hamlin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-8-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
57 0 13

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) on farm  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Kansas

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas

12. MAIDEN NAME OF MOTHER Vanwinkle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

14. INFORMANT Mrs Mary Hamlin  
(Address) Clinton Mo 170

15. FILED 1/23, 19 30 Dr. E. C. Peelor  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/21 19 30

17. I HEREBY CERTIFY, That I attended deceased from 1/19, 1925, to 1/21, 1930 that I last saw him alive on 1/20, 1930, and that death occurred, on the date stated above, at 10:30 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cardio-Renal disease

(duration) 5 yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

900

(duration) .... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) Ed. C. Peelor, M. D.

, 19 (Address) Clinton, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Leays Chapel DATE OF BURIAL 1/23 19 30

20. UNDERTAKER Spore & Son ADDRESS Clinton

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.

1930  
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PARENTS

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