

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

Do not use this space.

4440

1. PLACE OF DEATH

42 County Sevier Registration District No. 347
Township Clinton Primary Registration District No. 3459
City Clinton (No. 423 West Travel St. 7 Ward)

2. FULL NAME

(a) Residence, No. 423 W. Travel St., 7 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Will Hamilton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-13-1855</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>5</u>
	DAYS <u>15</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Dependent</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Pension</u>	
	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) <u>Illinois</u>		
MOTHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Perry Alexander</u> (ADDRESS) <u>Clinton, MO.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Englewood</u> DATE <u>3-1-32</u>		
19. UNDERTAKER (ADDRESS) <u>Lincoln Funeral Home</u>		
20. FILED <u>2/29</u> 19 <u>32</u> <u>Ed C. Peck</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/28, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1932, to July 8, 1932
I last saw her alive on February 26, 1932 Death is said to have occurred on the date stated above, at 13 P. m.
The principal cause of death and related causes of importance were as follows:
Influenza
Absence of the heart
1860
1168
Other contributory causes of importance
HW
(1)

Name of operation none Date of 7/28
What test confirmed diagnosis? Clonus 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 7/28
Where did injury occur? at home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall
Nature of injury fracture of skull

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) S. W. W. O'Connell
(Address) Clinton, MO.

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.

MAR 22 1932

