

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.

FEB 27 1934

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

Do not use this space.

915

1. PLACE OF DEATH

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

Registration District No. 347  
Primary Registration District No. 3018

File No. ....  
Registered No. 4  
St. .... Ward)

2. FULL NAME

Henrietta Hamilton  
(a) Residence, No. E Grandover Ward. ....  
(Usual place of abode)

(If nonresident, give city or town and State)

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.

"PERSONAL AND STATISTICAL PARTICULARS"

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 .1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert H Hamilton

22. I HEREBY CERTIFY, That I attended deceased from 1/22 1934, to 1/26 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7 1859

I last saw h.t.c. alive on 1/25 1934 Death is said

7. AGE YEARS 74 MONTHS 4 DAYS 19 If LESS than 1 day, hrs. or min.

to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

Cerebral

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) Thompsonville Ky

13. NAME John A Moller

Name of operation ..... Date of .....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

What test confirmed diagnosis? ..... Was there an autopsy? .....

15. MAIDEN NAME Mary G Harvey

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Laura Hamilton

18. BURIAL, CREMATION, OR REMOVAL PLACE Crestwood DATE 1/28 34

19. UNDERTAKER Spareyson

20. FILED 1-26-34 J R Hampton Registrar.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Ed. C. Peltor M. D.

(Address) Clinton Mo

