

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

Do not use this space.

JAN 16 1935

39368

1. PLACE OF DEATH

County Henry Registration District No. 347 301
 Township _____ Primary Registration District No. 548-8
 City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred yrs. 8 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 C.W. Hamlin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) immemorial

7. AGE YEARS 54 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. Housewife

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) Calloway Co. Missouri
 (STATE OR COUNTRY)

FATHER 13. NAME B. F. Gilmore

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

MOTHER 15. MAIDEN NAME Marion Rick

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

17. INFORMANT (ADDRESS) J. H. Gilmore

18. BURIAL, CREMATION, OR REMOVAL PLACE Trays Chapel DATE 12-10-35

19. UNDERTAKER (ADDRESS) William Funeral Home
Clinton, Mo.

20. FILED 12-10-35 J. R. Hampton
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-9-35

22. I HEREBY CERTIFY, That I attended deceased from 12-1-35 to 12-9-35. I last saw him alive on Dec 5, 1935. 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:

Chronic Interstitial nephritis

Date of onset 1 yr
12 mo or

Other contributory causes of importance: M

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____ If so, specify _____

(Signed) J. R. Hampton, M. D.
 (Address) Clinton Mo

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.

