

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

Do not use this space.

39085

**1. PLACE OF DEATH**

County Linn Registration District No. 2862  
 Township Sythman Primary Registration District No. 5386  
 City Ray (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Abednego White Hamewood  
 (a) Residence, No. Ray Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Matilda Stacey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 14 1842</u>		
7. AGE YEARS <u>90</u>	MONTHS <u>2</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>near 20 yrs</u>		11. Total time (years) spent in this occupation <u>lifetime</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike Co Indiana</u>		
13. NAME <u>John Hamewood</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>3/8</u>		
15. MAIDEN NAME <u>Josephine White</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS) <u>Myrtle Hall, Ray Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Johnson Cemetery</u> DATE <u>Dec 14 1932</u>		
19. UNDERTAKER (ADDRESS)		
20. FILED <u>12-16</u> 19 <u>32</u> <u>G. D. Hale</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1932 to Dec 13 1932  
 I last saw him alive on Dec 2 1932 Death is said to have occurred on the date stated above, at 12:30 m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic interstitial nephritis Date of onset 131  
1921  
97/51  
 Other contributory causes of importance:  
Chronic bronchitis & Arterio Sclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical test 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) R. M. Normal, M. D.  
 (Address) Ray 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

