

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

Do not use this space.

1760

**1. PLACE OF DEATH**

County Jackson  
Township New  
City Kansas City (No. St Joseph Co Dist. West)

399  
Registration District No. 1002  
Primary Registration District No.

File No. 352  
Registered No. 352  
St. Mo (Ward)

**2. FULL NAME**

Robert Geo. Hamilton  
(a) Residence No. Richmond 410 St. Mo Ward. Richmond 410  
(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**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF Gena Hamilton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 6 18

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Physician  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Richmond  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Walter Hamilton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Parsippany  
(STATE OR COUNTRY) N.J.

12. MAIDEN NAME OF MOTHER Emmetta Phakelard

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

14. INFORMANT Gena Hamilton  
(Address) Richmond mo

15. FILED 1-24-29 M. M. Crowe  
REGISTRAR

**2) MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1929

17. I HEREBY CERTIFY that I attended deceased from Dec 15, 1928, to Jan 24, 1929.  
that I last saw h. alive on Jan 23, 1929, and that death occurred, on the date stated above, at 4 - a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Primary carcinoma of liver  
6 (duration) yrs. 4 mos. ds.  
CONTRIBUTORY Bath infiltration of heart  
(SECONDARY) (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Richmond Mo  
IF NOT AT PLACE OF DEATH...

DID AN OPERATION PRECEDE DEATH... no DATE OF...  
WAS THERE AN AUTOPSY... yes

WHAT TEST CONFIRMED DIAGNOSIS... Autopsy  
(Signed) John H. Jones, M. D.  
(Address) Kansas City 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 Richmond mo DATE OF BURIAL Jan 25 1929

20. UNDERTAKER E. Thuman ADDRESS Richmond

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.

1-21-29

