

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.

APR 25 1935

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

Do not use this space.

1. PLACE OF DEATH

County Franklin Registration District No. 742  
Township Franklin Primary Registration District No. 5977c  
City Franklin (No.         ) St.          Ward         

File No. 10279

Registered No.         

2. FULL NAME

(a) Residence, No.          St.          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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF OR WIFE OF Rhodopfa Hamilton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 7 - 1868

7. AGE YEARS 66 MONTHS 4 DAYS 22 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Qu. Stone

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) Franklin, Mo.

13. NAME Wm. Hamilton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin, Mo.

15. MAIDEN NAME Sarah Cleary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin, Mo.

17. INFORMANT (ADDRESS) James Hamilton

18. BURIAL, CREMATION, OR REMOVAL (Place, date, and time) Franklin, Mo. 1935

19. UNDERTAKER (ADDRESS) Franklin, Mo.

20. FILED Mar 30, 1935 Edwin S. House Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1935

22. I HEREBY CERTIFY That I attended deceased from March 29<sup>th</sup>, 1935 to March 29, 1935

I last saw him alive on March 29<sup>th</sup>, 1935 Death is said to have occurred on the date stated above, at 6:30 A.M.

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

Coronary Atherosclerosis Date of onset

Other contributory causes of importance:

Influenza

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

What test confirmed diagnosis?..... 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) Eugene Schuess, M. D.

(Address) Franklin, Mo.

