

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

Do not use this space.

JAN 15 1935

42345

1. PLACE OF DEATH

County Clay Registration District No. 200
 Township Franklin Primary Registration District No. 420
 City Farmington (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 14

2. FULL NAME

W. C. Crow Hamilton (Walter Crow Hamilton)

(a) Residence, No. Farmington, 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 14 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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) Elizabeth Hamilton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 2 15

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

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) Missouri

13. NAME Willis Hamilton

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

15. MAIDEN NAME Elizabeth Simpson

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

17. INFORMANT Dr. Buford Hamilton (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond DATE Dec 27 1934

19. UNDERTAKER Leonard Fry (ADDRESS) Farmington, Mo.

20. FILED 12/26 1934 Chas. L. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-25 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15 1934 to December 25 1934

I last saw him alive on 12-24 1934. Death is said to have occurred on the date stated above, at 8:30 A.M.

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

Lobar Pneumonia Date of onset 12-18-34

Other contributory causes of importance: 108

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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) N. R. Schuhmacher, M. D.

(Address) Farmington, Mo.

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.

