

MAR 24 1936

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

Do not use this space.

2647

1. PLACE OF DEATH

County Ray Registration District No. 915
 Township Knoxville Primary Registration District No. 6236
 City Knoxville P. O. (No.) St. _____ Ward _____

2. FULL NAME William H. Hamilton

(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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elsi Hamilton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 14 1867</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>7</u>
	DAYS <u>—</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	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).....	11. Total time (years) spent in this occupation.....

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Co. Mo.</u>
	13. NAME <u>Geo W. Hamilton</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	15. MAIDEN NAME <u>Prudence Vanbeber</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	17. INFORMANT <u>Mrs Tom Hamilton</u> (ADDRESS) <u>Knoxville Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Knoxville</u> DATE <u>1-16-36</u>	
19. UNDERTAKER <u>Abspang & Conroy</u> (ADDRESS) <u>P.O. Mo</u>	
20. FILED <u>March 9, 1936</u> <u>Naomi Lee</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1936

22. I HEREBY CERTIFY That I attended deceased from December, 1933, to Jan 14, 1936
 I last saw him alive on Jan 12, 1936. Death is said to have occurred on the date stated above, at 7:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Prostate Gland Date of onset about Dec-33
51
 Other contributory causes of importance:

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 J. S. W. Gaines, M. D.
 (Signed) J. S. W. Gaines
 (Address) Richmond, Mo

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.

