

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

Do not use this space.

1. PLACE OF DEATH  
 County Texas Registration District No. 862 File No. 12910  
 Township Burdess Primary Registration District No. 6135- Registered No. 4  
 City Calvert (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Elizabeth Ann Hamilton  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 72 yrs. 72 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 Widowed  
 (Specify the ward)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED Widowed  
 HUSBAND OF M. D. Hamilton  
 (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1852 Nov 6  
 7. AGE YEARS 78 MONTHS 3 DAYS 4 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
 10. Date deceased last worked at this occupation (month and year) March 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) Nashville Tenn (STATE OR COUNTRY) Tenn  
 MOTHER 13. NAME John Tucker  
 FATHER 14. BIRTHPLACE (CITY OR TOWN) Ky. (STATE OR COUNTRY)  
 15. MAIDEN NAME Fannie Smith  
 16. BIRTHPLACE (CITY OR TOWN) S.C. (STATE OR COUNTRY)  
 17. INFORMANT David S. Hamilton (ADDRESS) Calvert  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Hamilton DATE Mar 18 1931  
 19. UNDERTAKER Gaylad Elliott (ADDRESS) Calvert  
 20. FILED March 18, 1931 an d'oe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

4  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15 1931  
 22. I HEREBY CERTIFY, That I attended deceased from Mar 13 1931 to March 13 1931  
 I last saw her alive on March 13 1931 Death is said to have occurred on the date stated above, at 945 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Total Broken Shoulder Date of onset \_\_\_\_\_  
arm and shock  
debility  
 166A  
 162  
 Other contributory causes of importance:  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. M. Coats M. D.  
 (Address) Calvert 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.

APR 27 1931

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