

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

Do not use this space.

20572

85

1. PLACE OF DEATH

County Buchanan Registration District No. _____
Township _____ Primary Registration District No. 1001
City St. Joseph, Mo. No. 1322 North 3rd

File No. _____
Registered No. 583
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1322 North 3rd 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>Female</u>	4. COLOR OR RACE <u>White</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>Edward Oswald</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 28, 1885</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>2</u>
	DAYS <u>4</u>	IF LESS than 1 day,hra. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</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		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1930, to June 2, 1931

I last saw h.l. alive on June 2, 1930. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Distension of uterus
48

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? Miscellaneous 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) W. L. Long, M. D.
(Address) St. Joseph, Mo.

MOTHER / FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mercer County Missouri</u>
	13. NAME <u>Garrett Hamilton</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mercer County Missouri</u>
	15. MAIDEN NAME <u>Mollie Walls</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mercer County Missouri</u>
	17. INFORMANT <u>E. Leo Huber</u> <u>St. Joseph, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL	PLACE <u>Brington, Mo.</u> DATE <u>June 4, 1931</u>
	19. UNDERTAKER (ADDRESS) <u>F. Selman's Funeral Home</u> <u>St. Joseph, Missouri</u>
20. FILED <u>JUN 3 1931</u>	<u>John T. Bender</u> Registrar

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.

FILE 28 1931

