

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

Do not use this space.

30129

1. PLACE OF DEATH *Miss Ohio* OCT 1 1934 376P
 County..... Registration District No.....
 Township..... Primary Registration District No. *3763*
 City..... (No. St. Ward)

2. FULL NAME *James Hamilton*
 (a) Residence, No. *1174 1/2 rd* 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.
 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>col</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>DK</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>about 1859</i>		
7. AGE YEARS <i>about 79</i>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>		
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. <i>all life</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miss</i>		
13. NAME <i>DK</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>DK</i>		
15. MAIDEN NAME <i>DK</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>DK</i>		
17. INFORMANT (ADDRESS) <i>Jerry Chan 1174 1/2 rd</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Bank Ridge Cem</i> DATE <i>aug 14</i> 1934		
19. UNDERTAKER (ADDRESS) <i>Haris Shelby East. Prairie rd</i>		
20. FILED <i>Aug 14 1934</i> <i>Ed Marshall</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 13* 1934

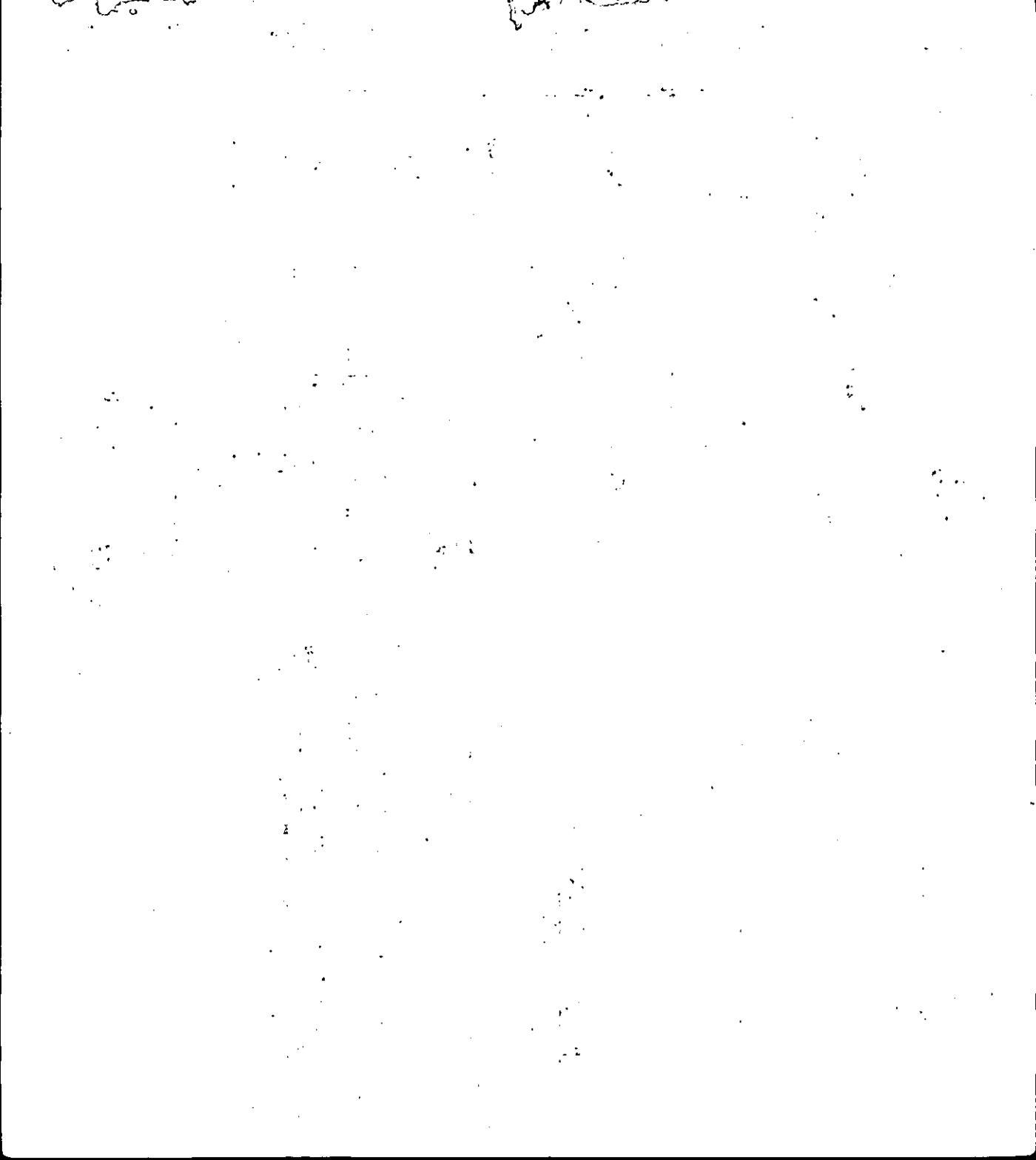
22. I HEREBY CERTIFY, That I attended deceased from *July 22* 1934, to *aug 13* 1934
 I last saw him alive on *July 22* 1934 Death is said to have occurred on the date stated above, at *4 A.* m.
 The principal cause of death and related causes of importance were as follows:
Interstitial Nephritis Date of onset *131*
1891
 Other contributory causes of importance: *Senility*

23. Name of operation *none* Date of
 What test confirmed diagnosis? *Cym* Was there an autopsy? *no*

24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify
 (Signed) *Ed Marshall* M. D.
 (Address) *1174 1/2 rd*

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.

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: James Hamilton
Who died at _____ on Aug-13-1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race col. Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 79 Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Interstitial nephritis "chronic"

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar A. Marshall Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 569 Very truly yours, E. T. McGaugh

Primary Reg. Dist. No. 5765 Special Registrar

Special Agent.

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