

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

Do not use this space.

Aug 14 1935

26034

6

1. PLACE OF DEATH  
 County Putnam Registration District No. 208  
 Township Washington Primary Registration District No. 5-560 A  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Elda May Hamilton  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female  
 4. COLOR OR RACE Sw  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Hamilton  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May - 15 - 1863  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
72 2 18  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. At Home  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/2/35 19\_\_\_\_  
 17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_  
Never saw this lady professionally  
that I last saw her alive on \_\_\_\_\_, 19\_\_\_\_, and that  
death had occurred when I arrived, at \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_ Am.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Coronary sclerosis?  
My diagnosis made from symptoms as  
given by family.  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9. BIRTHPLACE (CITY OR TOWN) Leona Lee  
 (STATE OR COUNTRY) \_\_\_\_\_  
 10. NAME OF FATHER James Temple  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) \_\_\_\_\_  
 12. MAIDEN NAME OF MOTHER Alma Wolf  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) \_\_\_\_\_  
 14. INFORMANT Opie Hamilton  
 (Address) Clarksville Mo  
 15. FILED Aug 6 1935 C. A. Davis  
 REGISTRAR

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF No \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_ No \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS Physical  
 (Signed) D. L. Perkins M. D.  
8/3/35 19\_\_\_\_ (Address) Clarksville Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Hamilton Cem. Clarksville Mo 1935  
 20. UNDERTAKER W. G. Pecher ADDRESS Mayville 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.

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