

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.

WRITE PLEASE WITH UNWRAPPING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

FEB 17 1937

2206

**1. PLACE OF DEATH**

County Mason Registration District No. 547  
 Township Mason Primary Registration District No. 3079  
 City Fannin (No. 522, Willow 2.1)

File No. \_\_\_\_\_  
 Registered No. 637  
 St. 6 Ward

**2. FULL NAME**

(a) Residence, No. 1522 Willow St. 6 Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 4 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>Widowed</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edward Hamlett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 9-1845</u>		
7. AGE	YEARS <u>91</u>	MONTHS <u>2</u>
	DAYS <u>13</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>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>262</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>2</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
MOTHER FATHER	13. NAME <u>James B. Buford</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	15. MAIDEN NAME <u>Eliza Nowell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
17. INFORMANT (ADDRESS) <u>James B. Fleming Fannin, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cornet Stone Cem. DATE <u>1-24-1937</u></u>		
19. UNDERTAKER (ADDRESS) <u>Wm. Delmar Fannin, Mo.</u>		
20. FILED <u>Jan. 23 1937</u> <u>St. Crocker</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22-1937

22. I HEREBY CERTIFY That I attended deceased from Jan. 10, 1937, to Jan 22, 1937  
 I last saw him alive on Jan 22, 1937. Death is said to have occurred on the date stated above, at 3 P.M.  
 The principal cause of death and related causes of importance were as follows:  
myocardial degeneration  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Senility

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external cause (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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) ESSulver M. D.  
 (Address) Fannin, Mo.

