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

6471
Do not use this space.

1. PLACE OF DEATH
(a) County Douglas — Registration District No. 281
(b) Township or City Washington — Primary Registration District No. 5400
(c) Ava, Mo. — (d) Street No. — Registered No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 543 Earnest A. Hamilton
(a) Residence, No. Route 1, Ava, Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Olive Hamilton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	59	5	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Minister and Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neb. /

FATHER
13. NAME G. W. Hamilton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mich. /

MOTHER
15. MAIDEN NAME Mary Swordent
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown /

17. INFORMANT (ADDRESS) Olive Hamilton, Route 1, Ava, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Goodhope DATE 1-31-1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Neighbors

20. FILED 3-8 1940 S. D. Hale
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1939, to Jan. 29, 1940
I last saw h[e] alive on Jan 24, 1940. Death is said to have occurred on the date stated above, at 8:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia & Colon	Don't know

Other contributory causes of importance: 4

Name of operation Ex Plor Laparotomy Date of Nov
What test confirmed diagnosis? Autopsy 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) R W Vineman, M. D.
248 (Address) Ava Mo

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

V. S. No. 2.
50M-9-19-38 I X16605

Dr. L.M. Harman

RECEIVED
District Health Officer No. 6,
District File Number 3240-821
Date Filed MAR 1 2 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

. S. No. 2B
M—2-21-40
I X22652

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6471

Registration District No. 281 Primary Registration District No. 6471 Registrar's No. 6

1. PLACE OF DEATH:

(a) County Douglas

(b) ~~City or town~~ Washington Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Earnest A. Hamilton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) Neb. (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 4-5 1940 (Date received local registrar) (b) Reba K. White (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 29 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19..., to , 19...; that I last saw h alive on , 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. M. Harman (M. D. or other)

Address Date signed