

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

Do not use this space.

33773

1. PLACE OF DEATH

County Monteau Registration District No. 1095
Township..... Primary Registration District No. H336
City Clarksburg (No.) St. Ward.....

2. FULL NAME Nancy Ellen Hamilton

(a) Residence, No. 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF. J. R. Hamilton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 7, 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 6 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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

12. BIRTHPLACE (CITY OR TOWN) Monteau County (STATE OR COUNTRY) Mo.

MOTHER FATHER 13. NAME Richard Redman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

MOTHER 15. MAIDEN NAME Nancy Redman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.

17. INFORMANT J. R. Hamilton (ADDRESS) upton mo

18. BURIAL, CREMATION, OR REMOVAL PLACE mt monteau DATE 10-6- 1933

19. UNDERTAKER Jamelle E. Richards (ADDRESS) upton mo

20. FILED Oct 7, 1933 J. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1933, to 19.

I last saw her alive on Oct 3, 1933. Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Chronic Rheumatism
930
575
930
Myocarditis

Other contributory causes of importance:

Myocarditis

Name of operation None Date of

What test confirmed diagnosis? Microsc. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

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) B. F. Bowlyne, M. D.

(Address) Clarksburg Mo

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.

OCT 20 1933

