

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

Do not use this space.

29840

1. PLACE OF DEATH

68 County Moniteau Registration District No. 573
 Township Willow Fork Primary Registration District No. 4331
 City..... (No.....) St..... Ward.....

File No.

Registered No. 4

2. FULL NAME

Alta Estelle 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) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jack Hamilton (Deceased)
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-20-1871
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 0 3

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. 235
 10. Date deceased last worked at this occupation (month and year).....
 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Morgan County
 (STATE OR COUNTRY) Missouri

13. NAME Thomas Newkirk

14. BIRTHPLACE (CITY OR TOWN) 2
 (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Margaret Deys

16. BIRTHPLACE (CITY OR TOWN) 1
 (STATE OR COUNTRY) Missouri

17. INFORMANT Edgar Whitehinson
 (ADDRESS) Fortuna, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Newkirk Cemetery DATE 9-26-1932

19. UNDERTAKER Jessie E. Richards
 (ADDRESS) Fortuna, Mo.

20. FILED 9-26-32 W. S. Wilson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-24-1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1932, to Sept 24, 1932
 I last saw her alive on Sept 21, 1932 Death is said to have occurred on the date stated above, at 3:50 p.m.
 The principal cause of death and related causes of importance were as follows:
Cancer of Throat Date of onset

Other contributory causes of importance:
48 48 11

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

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) W. S. Wilson, M. D.
 (Address) Fortuna

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.

NOV 25 1932

STATE OF MISSOURI, WITH CHANGING INTERESTS IS A PERMANENT RECORD

