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.

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

Do not use this space. 17345 c

1. PLACE OF DEATH

County Vernon — Registration District No. 875 — File No.

Township [illegible] — Primary Registration District No. 6162 — Registered No. 183

City [illegible] (No. ..... St. ..... Ward)

2. FULL NAME Marshall J. Hammer

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) D.K. 1875

7. AGE: Years 52 — Months D.? — Days K.? — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN) Cameron Co
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER: Enoch S. Hammer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) D.K.
(STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER: Lucy Richardson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D.K.
(STATE OR COUNTRY) Va

14. INFORMANT History
(Address)

15. FILED 10/26 1927 E. R. Kiesig REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1927, to May 22, 1927, that I last saw him alive on May 22, 1927, and that death occurred, on the date stated above, at 1:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Paralysis of the Insane 83
(duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Syphilis
(duration) ? yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.

May 27, 1927 (Signed) F. H. Maples, M. D.
(Address) Nevada 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: Cunningham Mo — DATE OF BURIAL: 5/28/27

20. UNDERTAKER: [illegible] — ADDRESS

45/1