

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

Do not use this space.

18526

**1. PLACE OF DEATH**

County Jackson  
Township Blue  
City Leeds

Registration District No. 399  
Primary Registration District No. Leeds Joseph 1002

File No. \_\_\_\_\_  
Registered No. 2051  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. Blue St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Courtney M.  
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1880-1-26

7. AGE YEARS 14 MONTHS 5 DAYS 22 If LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Perry Co. Ill.  
(STATE OR COUNTRY)

10. NAME OF FATHER George Craft

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Maggie Lynch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Ill.

14. INFORMANT Leeds Hospital  
(Address) James A. Hammer

15. FILED 6/30 1927 Courtney M. Rest REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-28-27

17. I HEREBY CERTIFY, That I attended deceased from 4-15, 1927, to 6-28, 1927, and that I last saw her alive on 6-28, 1927, and that death occurred, on the date stated above, at 11 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary tuberculosis

CONTRIBUTORY (SECONDARY) 31  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical findings  
(Signed) Herbert H. Mantz, M.D.

6/29, 1927 (Address) 3400 E. 23rd

\*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 Mound Grove DATE OF BURIAL June 30 1927

20. UNDERTAKER Att. Mitchell ADDRESS Leeds 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.

