N 1 1928

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

Do not use this space.

13686

1. PLACE OF DEATH

County Jasper — Registration District No. 407 — File No.

Township Missouri — Primary Registration District No. 4241 — Registered No.

City Carterville (No. ..... St. ..... Ward)

2. FULL NAME Infant Max Hammon

(a) Residence. No. Carterville R.R. #1 Box #216
(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): ✓

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12 1928

7. AGE — YEARS — MONTHS — DAYS: 1 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Carterville
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER D. S. Hammon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Whitner
(STATE OR COUNTRY) Arkansas
12. MAIDEN NAME OF MOTHER Mary Stewart
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pineer
(STATE OR COUNTRY) Missouri

14. INFORMANT D. S. Hammon
(Address) Carterville R.R.

15. FILED 4-12, 1928 C. L. Gray
REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 12 1928

17. I HEREBY CERTIFY, That I attended deceased from April 12, 1928, to April 12, 1928 that I last saw him alive on April 12, 1928, and that death occurred, on the date stated above, at 3:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Failure of Foramen Ovale to Close (not full term)
159c
159 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 159B
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. H. Higgins, M. D.
4/12, 1928 (Address) Neck City 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: Fairview Mo. — DATE OF BURIAL: 4/12/28

20. UNDERTAKER: Steel Und Co. — ADDRESS: Webb City

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.