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.

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

Do not use this space.

33581

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 21

City K.C. Mo. (No. 2109 E-72 St. Ward)

2. FULL NAME Rebecca J. Hammond

(a) Residence. No. 2109 E-72 St., 15 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Fe
4. COLOR OR RACE: wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 10 - 1862

7. AGE: 66 Years, 7 Months, 29 Days. If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

PARENTS

10. NAME OF FATHER John Comb David Hollar

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

12. MAIDEN NAME OF MOTHER Harriet Hollar

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Va

14. INFORMANT Mrs. Harry Moss
(Address) 2109 - E - 72nd St.

15. FILED 10/10, 1928 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-9- 1928

17. I HEREBY CERTIFY, That I attended deceased from 9-30, 1928, to 10-6, 1928, that I last saw her alive on 10-6-, 1928, and that death occurred, on the date stated above, at 1 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Nephritis and Chronic

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Diabetes

(duration) yrs. mos. ds.

57

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? Laboratory at Research Hosp

(Signed) L. B. Hawrath, M. D.

10-9, 1928 (Address) 7139 Chestnut.

*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: Mt. Wash. — DATE OF BURIAL: Oct-9-1928

20. UNDERTAKER: Mrs. C. L. Foster — ADDRESS: K.C. Mo.

7139 Chestnut