

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.

1900

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 709 W. 33rd St.)

File No. 493
Registered No. 493
St. Ward

2. FULL NAME

Mrs Ida May Hammond

(a) Residence. No. 709 W. 33rd St. St. 6 Ward
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 67 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 10 21

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) Kansas City
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Edward Marler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Liza Ann Jeffries

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

14. INFORMANT John Hammond
(Address) 709 W. 33rd St.

15. FILED 1-21-29 ym m Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 31 19 29

17. I HEREBY CERTIFY, That I attended deceased from Jan 29 19 29, to Jan 31 19 29, that I last saw him alive on Jan 29 19 29, and that death occurred, on the date stated above, at 115 0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. F. Koopler, M. D.

1919 (Address) 636 Angell Bldg N.E. 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

Elmwood

DATE OF BURIAL

Feb. 2 19 29

20. UNDERTAKER

Freeman Mortuary

ADDRESS

104 W. 42nd

