PR 23 1929

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

Do not use this space.

9624

1. PLACE OF DEATH
County Buchanan
Township
City St Joseph Mo (No. Missouri Methodist St. Ward)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 329

2. FULL NAME Major Gillespie Ham
(a) Residence. No. St., Ward. Hiawatha, Kansas
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 16, 1848

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
80	4	23	

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

1911

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky

2

PARENTS

10. NAME OF FATHER Malcolm Ham
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky

2

12. MAIDEN NAME OF MOTHER Nancy Conrad
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky

2

14. INFORMANT Nancy A. Ham
(Address) Hiawatha, Kansas

15. FILED MAR 8, 1929 John G. Utz REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 9 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1929, to ....., 19.....
that I last saw him alive on Mar 8, 1929, and that death occurred, on the date stated above, at 7:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremia
139
1328
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hypertrophied Prostate
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF Feb 27/29
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Charles Greenberg M. D.
3/9/, 1929 (Address) St Joseph 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: Hiawatha Kansas
DATE OF BURIAL: Mar. 11, 1929

20. UNDERTAKER: Fleeman Funeral Home
ADDRESS: 1208 Francis

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.