

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

FEB 19 1930

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

Do not use this space.

1732

1. PLACE OF DEATH

County Lafayette
Towship Odessa
City Odessa (No.)

Registration District No. 464
Primary Registration District No. 4277

File No. 13
Registered No. 1
St. Ward)

2. FULL NAME Sue O. Hammond

(a) Residence. No. St. Ward.
(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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan. 7, 1857</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>0</u>
	DAYS <u>10</u>	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) Odessa
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER John Hammond

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

12. MAIDEN NAME OF MOTHER Elizabeth Keukel

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

14. INFORMANT Mrs. Ida Benton
(Address) Odessa Mo.

15. File Jan 20, 1930 R.A. Chooley REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-17-30

17. I HEREBY CERTIFY, That I attended deceased from 1-17-30 to 1-17-30, 1930 that I last saw him alive on 1-17-30, 1930 and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

A poplesy

82A

CONTRIBUTORY (SECONDARY) 74 (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH,
DID AN OPERATION PRECEDE DEATH? no DATE OF 1-17-30
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. P. Bean, M. D.
1/18, 1930 (Address) Odessa 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 Odessa Cem. DATE OF BURIAL 1/19 1930

20. UNDERTAKER L. O. Husman ADDRESS Odessa

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.

