MAR 25 1930

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

Do not use this space.

4341

1. PLACE OF DEATH
County Cass — Registration District No. 156 — File No.
Township Peculiar — Primary Registration District No. 5220 — Registered No. 14
City (No. , St. Ward)

2. FULL NAME Ella Kammonds
(a) Residence. No. St., Ward. Pleasant Hill, Mo.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15 - 1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
78	5	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: County Home patient
(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) Mo.

PARENTS
10. NAME OF FATHER Charles Hammond
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know
12. MAIDEN NAME OF MOTHER Susan Bledsoe
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT W W Hon
(Address) Pleasant Hill Mo

15. FILED 2/25, 1930 D S Long REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 10th, 1930, to Feb. 24th, 1930, that I last saw her alive on Feb 24th, 1930, and that death occurred, on the date stated above, at 7:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetis Mellitis
57
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 57
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Dont Know
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No —
WHAT TEST CONFIRMED DIAGNOSIS? C Lunstrot —
(Signed) A. R. Eder, M.D.
, 19 (Address) Harrisonville 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: Pleasant Hill — DATE OF BURIAL: 2/26 1930

20. UNDERTAKER: Runnenburger Bro Co — ADDRESS: Harrisonville Mo

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.