

APR 23 1930

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

Do not use this space.

7737

1. PLACE OF DEATH  
County Buchanan Registration District No. 85 File No. 279  
Township St. Joseph, Mo. Primary Registration District No. 1001 Registered No. 279  
City St. Joseph, Mo. (No. Noyes Baptist Hospital St.                      Ward                     )

2. FULL NAME Billy Hamm  
(a) Residence. No. 1808 Jewey Ave. St.                      Ward                       
(Usual place of abode)  
Length of residence in city or town where death occurred 7 yrs.                      mos.                      ds. How long in U.S., if of foreign birth?                      yrs.                      mos.                      ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 5, 1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day 8 hrs. or 30 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work                       
(b) General nature of industry, business, or establishment in which employed (or employer)                       
(c) Name of employer                     

9. BIRTHPLACE (CITY OR TOWN) St. Joseph, Missouri (STATE OR COUNTRY)

10. NAME OF FATHER A. O. Hamm

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Seabel, Indiana (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Helen Kitzman

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

14. INFORMANT Mr. A. O. Hamm St. Joseph, Mo.

15. FILED 1930 John G. St. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 5, 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1930 to Mar 5, 1930 that I last saw him alive on Mar 5, 1930, and that death occurred, on the date stated above, at 10:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Preterm birth  
7 1/2 months  
59  
158 (duration)                      yrs.                      mos.                      ds.  
158 (duration)                      yrs.                      mos.                      ds.  
CONTRIBUTORY Eclampsia in mother (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED 161A  
IF NOT AT PLACE OF DEATH                     

19. DID AN OPERATION PRECEDE DEATH? no DATE OF                       
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical symptoms  
(Signed) J.P. Elliott M. D.  
Mar 5, 1930 (Address) 824 Edward Street, 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 King City, Mo. DATE OF BURIAL March 5, 1930

20. UNDERTAKER Fleeman Funeral Home ADDRESS 1946 Callahan

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.

RECORDS SECTION - MISSOURI STATE BOARD OF HEALTH

