

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

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.

NOV 24 1930

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

Do not use this space.

32765

1. PLACE OF DEATH

County Laclede  
Township Blue  
City Independence (No. \_\_\_\_\_)

Registration District No. 398  
Primary Registration District No. 3019

File No. \_\_\_\_\_  
Registered No. 324  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Kathryn Swan Hammond  
(a) Residence No. 423 Stark Ave P.O. # Independence Santerium  
(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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 28 - 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>66</u>	<u>8</u>	<u>27</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Edinburg  
(STATE OR COUNTRY) Scotland

10. NAME OF FATHER Dont Know  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont  
(STATE OR COUNTRY) Know  
12. MAIDEN NAME OF MOTHER Dont Know  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Dont Know

14. INFORMANT Louise B. Thale  
(Address) 3130 North Brook St

15. FILED 10-27-1930 W Cook  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 25 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 23 - 1930, to Oct 25 - 1930, that I last saw her alive on Oct 25 - 1930, and that death occurred, on the date stated above, at 120 AM m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Angina Pectoris  
(duration) 4 yrs. mos. ds.  
Coronary Sclerosis  
(SECONDARY) (duration) 9 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Joe S. Bennett, M. D.  
Oct 27, 1930 (Address) 95-31 Van Horn - K.C. 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 DATE OF BURIAL

Mt Wash Cem. Oct 27 1930

20. UNDERTAKER ADDRESS

Ott + Mitchell Indef. Mo.

