

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

Do not use this space.

14744

File No. 14
Registered No. 28
St. _____ Ward _____

1. PLACE OF DEATH

54 County Lafayette
Township Washington
City Odessa (No. _____)

Registration District No. 464
Primary Registration District No. 4277

2. FULL NAME

Sara Jennie Hammond,

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 5 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>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robt Slade Hammond</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 16 - 1854</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>1</u>
	DAYS <u>6</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>82</u>	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation <u>11</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Odessa Mo.</u>		
FATHER	13. NAME <u>Walter Donaldson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Bechomon</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Glasgow Scotland</u>	
17. INFORMANT (ADDRESS) <u>Vera Hammond Odessa Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Odessa City</u> DATE <u>4 - 24</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>Benevolent Society Odessa Mo.</u>		
20. FILED <u>May 10</u> 19 <u>31</u> <u>R. S. Chasley</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

7

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1930 to April 22 1931
I last saw him alive on April 22 1931 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
Uremia Complicating
Nephritis
Following influenza & pneumonia in Jan. 1931
Date of onset Feb 1931
Other contributory causes of importance
Palsy & Neuritis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) R. S. Chasley M. D.
(Address) Odessa 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.

MAY 25 1931

