

WRITE PLAIN, 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.

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

Do not use this space.

21611

1. PLACE OF DEATH

County Jackson
Township Kear
City Kansas City (No. General Hospital)

399

Registration District No. _____
Primary Registration District No. 1002

File No. _____
Registered No. 2716 Ward _____

2. FULL NAME

Hamman, Harry
(a) Residence, No. 1620 Central St., 3 Ward.

(Usual place of abode) _____ (If nonresident, give city or town and State) _____
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Clara Hamman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
<u>56</u>		<u>3</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber 93
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. T. C. Stock 704
10. Date deceased last worked at this occupation (month and year) May 1 1931 11. Total time (years) spent in this occupation 19 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

13. NAME Hamman, Harry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Miller, Sarah

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Record Clerk, K.C. General Hospital

18. BURIAL, CREMATION, OR REMOVAL Attn: auto DATE 6-24-31

19. UNDERTAKER (ADDRESS) Funeral Home, 33rd St.

20. FILED 6/24 31 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-23, 1931

22. I HEREBY CERTIFY, That I attended deceased from 6-21, 1931, to 6-23, 1931

I last saw him alive on 6-23, 1931. Death is said to have occurred on the date stated above, at 7:40 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis
Other contributory causes of importance
g d B

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

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? _____
If so, specify _____

(Signed) P. B. Williams M. D.
(Address) Gen. Hospital

