

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

Do not use this space.

1. PLACE OF DEATH

County Mercer
Township Washington
City Mill Grove

Registration District No. 554
Primary Registration District No. 5747

File No. 35040
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Lavera Hamond

(a) Residence, No. _____ St. _____ Ward _____

(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

W. D. Hamond

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

Apr. 27-1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

55

5

24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

dancewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

Mercer County

13. NAME

T. W. Barnes

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

Indiana

15. MAIDEN NAME

Susan Austin

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

Grundy County

17. INFORMANT (ADDRESS)

Otto Hamond
Sheppard Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sheppard Mo. DATE Oct 23 1931

19. UNDERTAKER (ADDRESS)

Noel Moss
Princeton Mo.

20. FILED

Oct 30 1931 E. C. Christ Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 20 1931 Oct 21 1931

I last saw her alive on Oct 21 1931 Death is said

to have occurred on the date stated above, at 3 A.M.

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

Myocarditis

Date of onset

May 1931

93D 93W

Other contributory causes of importance:

none

Name of operation _____ **Date of** _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? E Date of injury 1931

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 C. J. McClanahan M. D.

(Signed) C. J. McClanahan M. D.

(Address) Sheppard 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.

