

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

Do not use this space.

37761

1. PLACE OF DEATH

County **Jackson** Registration District No. **1002**
Township **Kaw** Primary Registration District No. _____
City **K.C.MO.** (No. **1724 Michigan Ave**) St. _____ Ward) _____

File No. _____
Registered No. **1000**
St. **1000** Ward) _____

2. FULL NAME Mrs Leatha hammonds

(a) Residence, No. **1724 Michigan Ave** St. **4** 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 **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 50

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Laundress**
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) **Ark.**

13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Allen Townsell**
(ADDRESS) **2478 Euclid Ave,**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Blue Ridge** DATE **11-18-1931**

19. UNDERTAKER **H. B. Moore**
(ADDRESS) **1820 E. 18th St.**

20. FILED **11/18 1931** **M. M. Crowe**
cash Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-9-31**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 9 1931** to **Nov 9 1931**
I last saw **her** alive on **Nov 9 1931** Death is said to have occurred on the date stated above, at **3:40 P. M.**

The principal cause of death and related causes of importance were as follows:
Mitral Insufficiency
Cerebral Hemorrhage
Septicemia & Typhoid

Name of operation _____ Date of _____
What test confirmed _____ Was there an autopsy? **No.**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **No.** 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) **Thos. G. Jones** M. D.
(Address) **1612 E. 17th St.**

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.

Dr T.A.Jones

1612 E. 12th St, Ha. 6336.