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

Do not use this space.

283

File No. 12.

Registered No.

12 1. PLACE OF DEATH

County Butler County Registration District No. 89

2 Township Poplar Bluff Primary Registration District No. 3007

7 City Poplar Bluff (No. , St. Ward)

2. FULL NAME Ed V Ham

(a) Residence, No. Lucy Lee Hospital St., Ward.
(Usual place of abode) Rombauer (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

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

JAN 23 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	3	7	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 135

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Callaway County (STATE OR COUNTRY) Missouri 1

FATHER

13. NAME John Ham

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 31

MOTHER

15. MAIDEN NAME Sally Cobb

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

17. INFORMANT W. J. Ham (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hamtown Cemetery DATE 19

19. UNDERTAKER A. W. Greer (ADDRESS)

20. FILED Jan 14 1932 O J Clay Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/14/ 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1932, to Jan. 14, 1932.

I last saw him alive on Jan. 14, 1932. Death is said to have occurred on the date stated above, at 10:00 A m.

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

	Date of onset
82A	
Cerebral hemorrhage	none

Other contributory causes of importance: none

0

Name of operation none Date of none

What test confirmed diagnosis? — Was there an autopsy? No

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 1

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. McPhuters, M. D.

(Address) Poplar Bluff, Mo

By Ruth McCown, Sec.