

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

Do not use this space.

427

**1. PLACE OF DEATH**

19 County St. Louis  
Township  
10 City Pleasant Hill (No. ....)

Registration District No. 157  
Primary Registration District No. 4091

File No. 7  
Registered No. 1 St. .... Ward)

**2. FULL NAME**

Maril Hammonville  
(a) Residence, No. Pleasant Hill St. .... Ward.

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 2 - 1894</u>		
7. AGE	YEARS <u>37</u>	MONTHS <u>6</u>
	DAYS <u>2</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>Housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	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) <u>Mo 1</u>		
FATHER	13. NAME <u>Geo Skellman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo 2</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo 1</u>	
17. INFORMANT (ADDRESS) <u>Emmelle Hammonville Pleasant Hill</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Hill</u> DATE <u>Jan 6 1932</u>		
19. UNDERTAKER (ADDRESS) <u>W. W. H. Pleasant Hill Mo</u>		
20. FILED <u>Jan 5 1932</u> <u>F. P. Murray M.D.</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

1 **21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Jan 4 - 1932

**22. I HEREBY CERTIFY**, That I attended deceased from Oct 15 1931 to Jan 4 1932. I last saw her alive on Jan 4 1932. Death is said to have occurred on the date stated above, at 10:30 p.m. The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis Date of onset 1930

73A 23

Other contributory causes of importance:

8

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?..... 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..... 1

**24. Was disease or injury in any way related to occupation of deceased?** No  
If so, specify.....  
(Signed) C. J. ..., M. D.  
(Address) Pleasant Hill Mo

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.

FEB 23 1932

