

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.

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

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Law  
City Kansas City

Registration District No. 399  
Primary Registration District No. 102  
(No. General Hospital)

8423

File No. 1002  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 3007 N 16th St. Jx Ward K. C. Mo.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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 <u>Ruth Hammersmith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-25-1903</u>		
7. AGE	YEARS <u>28</u>	MONTHS <u>5</u>
	DAYS <u>14</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>Ice-Dealer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>160</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>Kansas City, Mo</u>		
FATHER	13. NAME <u>Carl Hammersmith</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>	
MOTHER	15. MAIDEN NAME <u>Share S. Carter</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City, Mo</u>	
17. INFORMANT (ADDRESS) <u>Mrs Ruth Hammersmith 3007 N 16th</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Hope</u> DATE <u>3-11-1932</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Brown</u>		
20. FILED <u>3/10</u> 19 <u>32</u> <u>M. M. Brown</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9-1932

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 1932  
I last saw him alive on \_\_\_\_\_, 1932. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
Date of onset 2/10 2:10 PM  
2:30 PM  
Other contributory causes of importance: Acc. Automobile Kansas K. C. Mo 207

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1932  
Where did injury occur? K. C. Mo  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury Collision of car with railing of viaduct  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Stuart M. Stief M. D.  
(Address) Deputy Coroner

