

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

Do not use this space.

25265

**1. PLACE OF DEATH**

2 County Andrew Registration District No. 11  
3 Township Jackson Primary Registration District No. 4009  
1 City Pillmore (No. .... St. .... Ward)

**2. FULL NAME** Charles S. Hammer

(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 <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 25 - 92</u>					
7. AGE		YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
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.					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (CITY OR TOWN) <u>Pillmore</u> (STATE OR COUNTRY) <u>Mo.</u>					
13. NAME <u>Victor Hammer</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>					
15. MAIDEN NAME <u>Ethel Almond</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion City Mo.</u>					
17. INFORMANT (ADDRESS) <u>Victor Hammer Pillmore Mo.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pillmore</u> DATE <u>Aug 26, 1932</u>					
19. UNDERTAKER (ADDRESS) <u>C. W. Cole Pillmore Mo.</u>					
20. FILED <u>Aug 26, 1932</u> <u>C. W. Cole</u> Registrar					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1932 to Aug 26, 1932  
I last saw him alive on Aug 26, 1932 Death is said to have occurred on the date stated above, at 1 p.m.  
The principal cause of death and related causes of importance were as follows:  
Failure of closure of Foramen ovale at birth  
1570 / 1577  
Other contributory causes of importance: (none)

Name of operation (none) Date of (none)  
What test confirmed diagnosis? Physioid 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 .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....  
(Signed) P. P. Kelley, M. D.  
(Address) Savannah Mo.

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

SEP 21 1932

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.

9/11/55