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.

OCT 28 1932

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

Do not use this space.

30063

1. PLACE OF DEATH

82 County Pike — Registration District No. 689 — File No.

5 Township — Primary Registration District No. 3033 — Registered No.

4 City Louisiana Mo. (No. Pike Co Hospital St. Ward)

2. FULL NAME Olea Hammers

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

Length of residence in city or town where death occurred — yrs. — mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 2/1914

7. AGE: 17 YEARS — MONTHS: 9 — DAYS: 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Maid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 244
10. Date deceased last worked at this occupation (month and year): August 6/1932
11. Total time (years) spent in this occupation: 4 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clarksville Mo.

FATHER

13. NAME: Terl Hammers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Paynesville Mo.

MOTHER

15. MAIDEN NAME: Ethel Harris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pike County Mo

17. INFORMANT (ADDRESS): Ethel Hammers Clarksville Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Ramsey Cemetery Pike Co Mo DATE: Sept 9, 1932

19. UNDERTAKER (ADDRESS): Wheeler & Washington 514 So. West St. Jacksonville Ill.

20. FILED: 9-7, 1932 — F C Harry Jr Registrar.

2 - MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-6, 1932

22. I HEREBY CERTIFY That I attended deceased from Aug 27, 1932, to Sept 6, 1932

I last saw him alive on Aug 6, 1932 Death is said to have occurred on the date stated above, at 5:20 p.m.

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

Peritonitis

121B
129 / 2 /

Other contributory causes of importance: Appendicitis

Date of onset

Name of operation: Appendectomy Date of Aug 6 32

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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. G. Bankhead, M. D.

(Address) Clarksville Mo