

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.

30769

791
1003

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City.....*Shous* No. *2908* St. *Vincent*

File No.....
Registered No. **8461** St. Ward)

2. FULL NAME

William George Hamm
(a) Residence, No. *2908* St. *Vincent* St. *17* 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 <i>Male</i> | 4. COLOR OR RACE <i>white</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>married</i> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Charlam Hamm</i> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>August 18 1887</i> | | |
| 7. AGE | YEARS <i>50</i> | MONTHS <i>1</i> |
| | DAYS <i>31</i> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Switchman 123</i> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Habak R R.</i> | |
| | 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) <i>Kansas, Mo 1</i> | | |
| FATHER | 13. NAME <i>John H Hamm</i> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ky 2</i> | |
| MOTHER | 15. MAIDEN NAME <i>Byrne Woods</i> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo 1</i> | |
| 17. INFORMANT (ADDRESS) <i>Mrs H W Hamm</i> <i>2908 St Vincent</i> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Ann Cem</i> DATE <i>9/21 1932</i> | | |
| 19. UNDERTAKER (ADDRESS) <i>A Ellis</i> <i>514 So Delmar</i> | | |
| 20. FILED <i>ULF 21 1932</i> 19 <i>Key St</i> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 19 1932*

22. I HEREBY CERTIFY, that I attended deceased from *Sept 1 1932*, to *Sept 19 1932*, 19 *32*
I last saw him alive on *Sept 18 1932*. Death is said to have occurred on the date stated above, at *9 P. m.*
The principal cause of death and related causes of importance were as follows:
Carcinoma of Liver, Stomach, Intestines etc.
Primary metast Liver
Other contributory causes of importance:
46E 46B

Name of operation *none* Date of *9/19/32*
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 *32*
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?.....
If so, specify *no*
(Signed) *white* M. D.
(Address) *959 N. Taylor St. Louis*

