

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

Do not use this space.

35521

1. PLACE OF DEATH

County Howard.
Township
City Fayette, (No.) St. Ward

Registration District No. 378
Primary Registration District No. 4222

File No.
Registered No. 75- St. Ward

2. FULL NAME Arvine Watts Hammond.

(a) Residence, No. St. Ward.
(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 <u>Single</u> (Write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 8th 1890</u>				
7. AGE	YEARS <u>41</u>	MONTHS <u>8</u>	DAYS <u>12</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>Farmer 1</u>			
	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) (STATE OR COUNTRY) <u>Missouri</u>				
FATHER	13. NAME <u>George Hammond.</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio.</u>			
MOTHER	15. MAIDEN NAME <u>Hettie Johnston,</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio.</u>			
17. INFORMANT <u>Miss Kate Hammond.</u> (ADDRESS) <u>444444</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Cemetary.</u> DATE <u>II/22/32</u>				
19. UNDERTAKER <u>Guy T. Hallett</u> (ADDRESS) <u>Fayette Mo.</u>				
20. FILED <u>Mar 30 1932</u> <u>V. C. Bonham</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) II/20/1932, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-11, 1932, to 11-20, 1932
I last saw him alive on 11-20, 1932 Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:
Hemolytic jaundice Date of onset 11-18-32
Septic Rose throat (D) 11-1-32
Other contributory causes of importance:
Name of operation None Date of no.
What test confirmed diagnosis? Phys. findings 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 None
(Signed) Wm J. Shaw, M. D.
(Address) Fayette, 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.

4524
PLD
MOS

