

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

Do not use this space.

39987

**1. PLACE OF DEATH**

County Jackson  
Township Flour  
City St. Louis

Registration District No. 389

Primary Registration District No. 1092

File No. 4995  
Registered No. 4995  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Anna M. Hammick

(a) Residence, No. 443 So Denver St., 10 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>Fe</u>	4. COLOR OR RACE <u>Wh</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>Luther Hammick</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 31 1869</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>3</u>
	DAYS <u>25</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>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</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) Ill Ill

13. NAME Phillip Bradshaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Cornelia Goodman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Luther Hammick  
443 So Denver

18. BURIAL, CREMATION, OR REMOVAL

7 PLACE St. Michael DATE 12-27-1932

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster  
918 Brookfield Ave

20. FILED 12/27 1932 M. M. Krove  
Asst. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1932

22. I HEREBY CERTIFY That I attended deceased from August 2 1932 to Dec 25 1932  
I last saw him alive on Dec 24 1932 Death is said to have occurred on the date stated above, at 8:30 m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of liver Date of onset July 1932  
4th  
77 466

Other contributory causes of importance:  
arteriosclerosis 1931

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis observation Was an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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) R. O. Callaghan M. D.  
(Address) 6900 Washington Park Blvd  
Kansas City, 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.

Carman

Sc 6293

Sheffield Store

274