

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

Do not use this space.

1815

1. PLACE OF DEATH

County Jackson Registration District No. 323
 Township Kan Primary Registration District No. 108
 City Kansas City (No. 3016 1/2 Euclid Ave) St. _____ Ward _____
 File No. 550
 Registered No. _____

2. FULL NAME

Mary Ellen Hamm **HAMM**
 (a) Residence, No. 3016 1/2 Euclid 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Milton Hamm (Deceased)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-3-1862</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>7</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</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) <u>Burke Co Penn</u>		
MOTHER	13. NAME <u>Dorise Lebeusberger</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Burke Co. Penn</u>	
FATHER	15. MAIDEN NAME <u>Elizabeth Yoheimer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Burke Co. Penn</u>	
17. INFORMANT <u>A.D. Hamm</u>		
18. BURNED, CREMATED, OR REMOVAL <u>PLACED IN REFRIGERATOR</u> DATE <u>2-3-33</u>		
19. UNDERTAKER (ADDRESS) <u>O. V. MAST FUNERAL HOME, Inc. 3146 Main St.</u>		
20. FILED <u>2/2</u> 19 <u>33</u> M. M. Cassone Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-31-1933

22. I HEREBY CERTIFY, That I attended deceased from 1-27-1933 to 1-27-1933

I last saw her alive on 1-27-1933 Death is said to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:
Subar Pneumonia Date of onset 108

Other contributory causes of importance:
108

Name of operation none Date of _____
 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? _____
 If so, specify _____
 (Signed) J.H. Bennett, M. D.
 (Address) 2-1-36 P.O. Box 76 C. Gen. Hosp. 720 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.

15-293

Dr John W Nixon 3734 Summit W^{est} 0697