

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

Do not use this space.

**26835**

**1. PLACE OF DEATH**

51 County Johnson Registration District No. 431  
6 Township ..... Primary Registration District No. 3028  
7 City Warrensburg (No. .... St. .... Ward)

**2. FULL NAME**

Emma Rosell Hammond

(a) Residence, No. .... 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 Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Wesley Hammond  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24, 1858  
7. AGE YEARS MONTHS DAYS 74 11 16 If LESS than 1 day, .... hrs. or .... min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.  
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) ILL.

FATHER  
13. NAME Ella Hue Strickland

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

MOTHER  
15. MAIDEN NAME UNKNOWN

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

17. INFORMANT U.G. Hammond (ADDRESS) 311 Anderson

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Aug. 11 1933

19. UNDERTAKER W.F. Wilcox Funeral Service (ADDRESS) Warrensburg Mo

20. FILED Aug 10 1933 Wm R. Allison Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to Aug 9 1933  
Last saw h. or alive on Aug 9 1933. Death is said to have occurred on the date stated above, at 8 P.m.  
The principal cause of death and related causes of importance were as follows:  
Disease of unknown Date of onset 5

Other contributory causes of importance: 44

Name of operation ..... Date of .....  
What test confirmed diagnosis? None 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) Wm R. Allison, M. D.  
(Address) Warrensburg Mo

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.

AUG 20 1933

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