

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

Do not use this space.

32150

1. PLACE OF DEATH

County Barton
Township Northfork
City (No.), St. Ward)

Registration District No. 40
Primary Registration District No. 5061

File No.
Registered No. 56

2. FULL NAME

Mary Catherine Hamm

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Michael Hamm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8 1838

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 10 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

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) Ohio

13. NAME Fredrick Buchanan

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

15. MAIDEN NAME Mary Snyder

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

17. INFORMANT (ADDRESS) Charley Hamm
Jasper Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Paradise Cem DATE 10/29 1933

19. UNDERTAKER (ADDRESS) Walter Boy's
Jasper Mo

20. FILED 10/28 1933 A. J. Mynatt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/26 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/1 1933, to 10/26 1933

I last saw h. ex. alive on 10/2 1933 Death is said

to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

Valvular Disease of Heart
1933
Other contributory causes of importance: AT

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) V. H. Henderson, M. D.

(Address) Jasper, 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.

NOV 19 1933

25

25

