

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

Do not use this space.

918

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton (No. _____) (St. _____) (Ward _____)

Registration District No. 347
Primary Registration District No. 3.018

File No. _____
Registered No. 8

2. FULL NAME

Harold Tommy Hammond
(a) Residence, No. 810 E. Smith, 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 1933

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>1</u>	<u>8</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as spinner, 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) Clinton Mo

13. NAME Tommy Hammond

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo

15. MAIDEN NAME Cleopatra Puckett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Levee Mo

17. INFORMANT Tommy Hammond
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 2-1-34

19. UNDERTAKER Spencer
(ADDRESS) _____

20. FILED 2-1-34 J.R. Hampton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/30/34

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1934, to Jan 30, 1934
I last saw him alive on Jan 30, 1934 Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

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

Nasal Pharyngeal Stenosis
Acute Myocarditis

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) R. Hallinger, M. D.
(Address) Clinton 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.

FEB 27 1934

