

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.

AUG 14 1934

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

Do not use this space.

23611

1. PLACE OF DEATH

County Carroll
Township Miami
City (No. _____) _____

Registration District No. 136
Primary Registration District No. 5204

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Walter Glenn Hammer

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-5-1925

7. AGE YEARS) MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
9 6 25

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

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) Reel, Kansas

13. NAME Lee Hammer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reel, Kansas

15. MAIDEN NAME Ada-Bell Weaver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grand Pass, Mo.

17. INFORMANT (ADDRESS) Mr Lee Hammer, Miami station

18. BURIAL, CREMATION, OR REMOVAL PLACE Dewitt Mo DATE July 3, 1934

19. UNDERTAKER (ADDRESS) Willie Fernald Horne, Cameron Mo.

20. FILED July 31, 1934 Clavin Hickerson Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 30 - 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on....., 19____. Death is said to have occurred on the date stated above, at 3:00 P.m.

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

Accidently Drowned

(No Inquest Necessary), 1934

Other contributory causes of importance: 186A

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

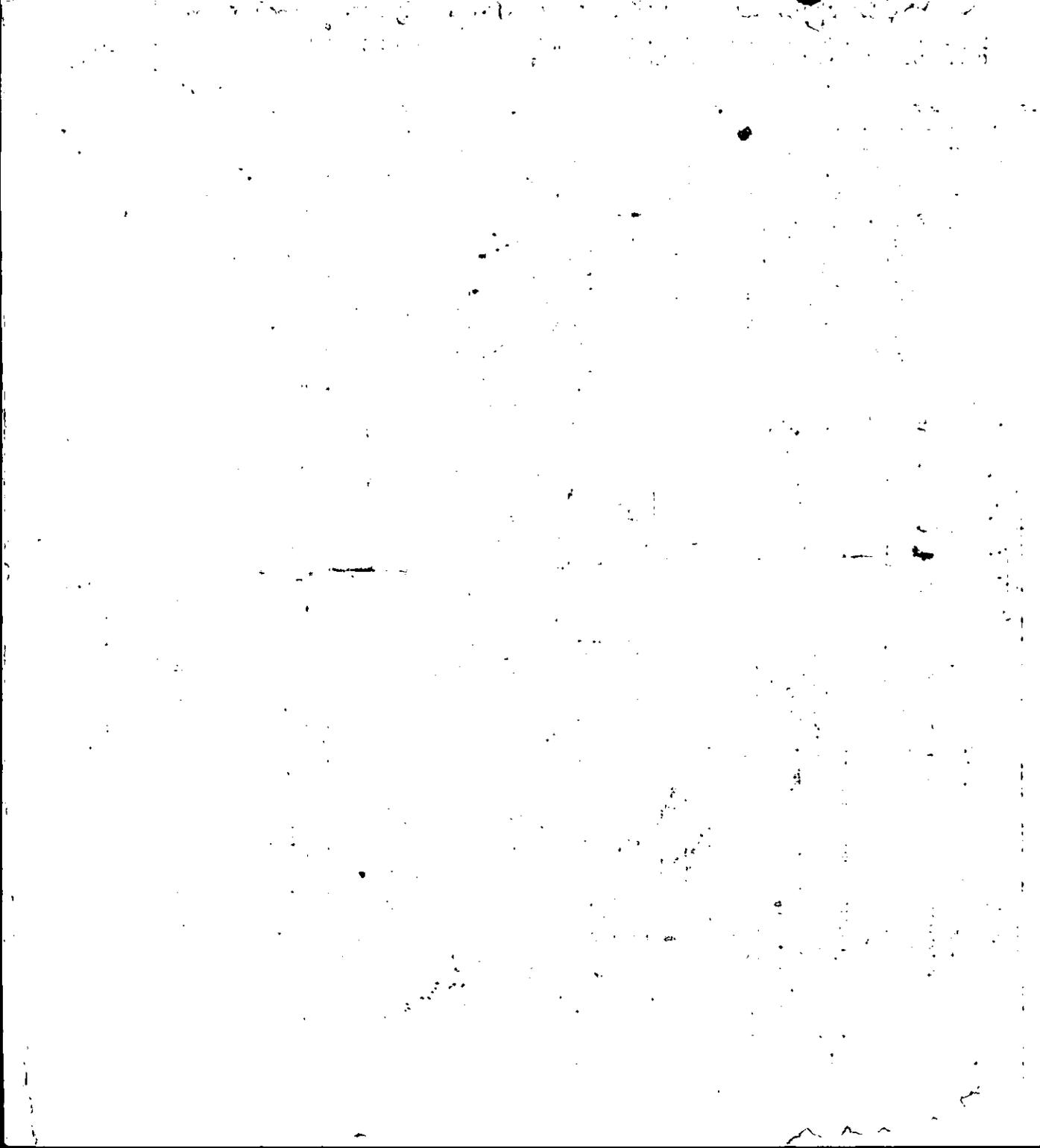
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____.

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? _____
If so, specify _____

(Signed) Clifford W. Smith (Coroner)
(Address) Tunas, Mo.



Carroll

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Walter Glenn Hammer
Who died at _____ on July - 30 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: child

Date of birth _____ Age: Years 9 Months 6 Days 25

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. 177

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Accident - Drowned

boy drowning while playing with a wheel as fell Missouri River

Other contributory causes of importance: found boy & spent one hour with boy men wading about 50 men hands hand

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician Clifford W. Austin Cornelia M. M.

Address of physician _____

Signature of Registrar Calvin H. Johnson; Date filed Sept 1st 1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 136

Primary Reg. Dist. No. 5204

Very truly yours,
E. T. McGaugh, M. D.
K.
Special Agent.

5-23611