

OCT 16 1934

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

Do not use this space.

33199

49 1. PLACE OF DEATH  
10 County Jasper Registration District No. 416  
6 Township..... Primary Registration District No. 4248  
City Sarsopli (No.....) St..... Ward.....

File No.....  
Registered No.....

2. FULL NAME Miriam Alvern Hammer  
(a) Residence, No. Sarsopli, Mo 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16, 1851  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 no 3

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.  
Housewife 1861-1934

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper County Missouri

13. NAME Clayborn Astor

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

15. MAIDEN NAME Isabel Boyd

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

17. INFORMANT (ADDRESS) Mrs. A. H. Clark Colorado Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Sarsopli cemetery DATE Sept 21, 34

19. UNDERTAKER (ADDRESS) Wm. C. Cole Sarsopli Missouri

20. FILED Sept 20, 1934 Tom Simmons Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1934 to Sept 19, 1934

I last saw h. or alive on Sept 19, 1934 Death is said

to have occurred on the date stated above, at 1:30 P.M.

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

Acute dilatation of heart  
1861-1934  
Other contributory causes of importance:  
Fractured right femur Sept 17-34

Name of operation..... 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? accident Date of injury Sept 17, 1934

Where did injury occur? Sarsopli Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall on steps

Nature of injury Fractured right femur

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

If so, specify.....

(Signed) W. C. Cole, M. D.

(Address) Sarsopli 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.

