

NOV 8 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township Jasper
City Carl Junction (No. _____) St. _____ Ward _____

Registration District No. 406
Primary Registration District No. 4240

File No. 36349
Registered No. 11

2. FULL NAME

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 11

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) Carl Junction
(STATE OR COUNTRY) Missouri

13. NAME Relsmar Hammit

14. BIRTHPLACE (CITY OR TOWN) Wellville
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Alice Livingston

16. BIRTHPLACE (CITY OR TOWN) Galena
(STATE OR COUNTRY) Illinois

17. INFORMANT Helmar Hammit
(ADDRESS) Carl Junction

18. BURIAL, CREMATION, OR REMOVAL PLACE Carl Junction Cemetery DATE Oct 22, 1934

19. UNDERTAKER Parte M. Clark & Sons
(ADDRESS) Galena Illinois

20. FILED Oct 22 1934 C. W. Kerner
Registrar

MEDICAL CERTIFICATE OF DEATH

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

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

I last saw him alive on Oct 20, 1934. Death is said

to have occurred on the date stated above, at 5 A m.

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

jaundice Date of onset Sept.

Other contributory causes of importance: 1612

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) F. J. Kerner, M. D.

(Address) Carl Junction 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

