

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.

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

Do not use this space.

FEB 26 1935

1974

1. PLACE OF DEATH

County Linn Registration District No. 504  
Township South Benton Primary Registration District No. 4307  
City Purdin (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James Hammack

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 8th 1861</u>		
7. AGE <u>73</u>	YEARS <u>2</u>	MONTHS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>		
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) <u>XXXXXXXXXXXXXXXXXXXXX Tennessee</u>		
13. NAME (unknown) <u>Hammack</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>XXXXXXXXXXXXXXXXXXXXX unknown</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>XXXXXXXXXXXXXXXXXXXXX unknown</u>		
17. INFORMANT (ADDRESS) <u>Walter Jerome Purdin, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Olive</u> DATE <u>1/13/35</u>		
19. UNDERTAKER (ADDRESS) <u>Thorne Undertaking Co. Linneus, Missouri.</u>		
20. FILED <u>Jan 12 1935</u> <u>U C Dryden</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan'y 11th 1935

22. I HEREBY CERTIFY That I attended deceased from Oct 1934 to January 11 1935  
I last saw him alive on Jan 3 1935 Death is said to have occurred on the date stated above, at 6 p.m.  
The principal cause of death and related causes of importance were as follows:  
Cancer of Stomach  
Date of onset 6 mo.

Other contributory causes of importance:  
Secondary anemia

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? \_\_\_\_\_ 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) J. D. Dryden, M. D.  
(Address) \_\_\_\_\_

