SEP 2 0 1935

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

Do not use this space.

26145

1. PLACE OF DEATH

38 County Gentry — Registration District No. 317 — File No.

Township Jackson — Primary Registration District No. 5431A — Registered No. 18

City ~~Farm Home~~ (No. , St. Ward)

2. FULL NAME Charles Edward Hammer

(a) Residence, No. King City Mo. R.R. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred All yrs. Of mos. Life 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) June.14.1862.

7. AGE: YEARS 73 — MONTHS 2 — DAYS 15 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) 1927.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co. Mo.

FATHER

13. NAME Peter Hammer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Anna M. Koenig.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) Frank B. Hammaer. King City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE King City Mo. DATE Aug. 31 1935

19. UNDERTAKER (ADDRESS) R. G. Taggart King City Mo.

20. FILED Aug 30 1935 Donald S. Gantz Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 29. 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1935, to Aug 29, 1935

I last saw him alive on Aug 29, 1935 Death is said to have occurred on the date stated above, at 10:A.M.

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

Apoplexy — Date of onset Aug 25 1935

Other contributory causes of importance: Chronic Arthritis, Arteriosclerosis

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) [signature], M. D.

(Address) King City, 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.