OCT 28 1935

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

Do not use this space.

30469

File No.
Registered No. 126

1. PLACE OF DEATH

County St. Louis — Registration District No. 757
Township — Primary Registration District No. 3036
City St Charles Mo (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Thomas D Hammond

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE: Years 80 | Months — | Days — | 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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

FATHER
13. NAME Terrell Hammond
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Susan Ann Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co

17. INFORMANT (ADDRESS) T. Dapier Troy Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hawk Point DATE Sept 5 1935

19. UNDERTAKER (ADDRESS) Sampson Bros Troy Mo

20. FILED Sept 3 1935 Blanche K Hasselle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st 1935, to Sept 3 1935
I last saw him alive on Sept. 3 1935. Death is said to have occurred on the date stated above, at 2:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Fracture right hip~~	~~8/31~~
Pneumonia	9/1/35
Old	

Other contributory causes of importance:

Fracture right hip	8/31/35

Name of operation — Date of
What test confirmed diagnosis? Clinical + X ray 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 8/31 1935
Where did injury occur? Hawk Point Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on public street
Manner of injury Fall (Accidental)
Nature of injury Fracture rt hip.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) B. L. Neuberger, M. D.
(Address) St. Charles, Mo

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.

V. S. NO. 2
100M-3-28-35
N. B
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