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

NOV 29 1935

Do not use this space.

File No. 34931

Registered No.

1. PLACE OF DEATH

County: Texas — Registration District No. 1088

Township: Upton — Primary Registration District No. 6148

City: (No. , St. Ward)

2. FULL NAME: Baby Hammer

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

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: 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): Oct 13 - 35

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, 3 hrs. or min.

OCCUPATION

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) (STATE OR COUNTRY): Platt Tex.

FATHER

13. NAME: Edward Hammer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Princeton Tex

MOTHER

15. MAIDEN NAME: Beulah Mc Kinney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): (Texas Co) Platt Mo

17. INFORMANT (ADDRESS): Edward Hammer Platt Mo

18. BURIAL, CREMATION, OR REMOVAL: PLACE Hickory Ridge DATE Oct 14 1935

19. UNDERTAKER (ADDRESS): G. W. Collier

20. FILED Oct 14, 1935 Joe C. Stites Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1935, to , 19.. I last saw h. alive on , 19.. Death is said to have occurred on the date stated above, at 5 P m.

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

	Date of onset
Prematurity	

Other contributory causes of importance:

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) W. P. Herron, M. D.

(Address) Houston, Mo