

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

Do not use this space.

Feb 19 1936

1164 ✓

1. PLACE OF DEATH

County Jackson
 Township Blue
 City Wright (No. _____)

Registration District No. 398
 Primary Registration District No. 5554

File No. _____
 Registered No. 13 St. _____ Ward _____

2. FULL NAME Grace Henry Hammer

(a) Residence, No. 2904 W. Windsor St. _____ Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 3 mos. ds. 16 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) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 5 12

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. Carpenter
 10. Date deceased last worked at this occupation (month and year) 15 (f. Total time (years) spent in this occupation _____)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wills, Ill

13. NAME Don #70

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME Dunt #10

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT 2704 Windsor (ADDRESS) Wright Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor DATE Jan. 12, 1936

19. UNDERTAKER A. P. Dackler (ADDRESS) 1417 East 15th

20. FILED 1-15-36 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10-1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1935, to Jan 10, 1936

I last saw him alive on Jan 10, 1936 Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Cerebral hemorrhage Date of onset Dec 26 1935

Other contributory causes of importance: Chronic Cardiovascular renal disease

Name of operation none Date of _____
 What test confirmed diagnosis Chronic 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. H. Miller, M. D.
 (Address) Windsor Independence

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.

