

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.

FEB 20 1936

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

Do not use this space.

1564

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Keokuk Primary Registration District No. 1002  
City Kansas City (No. 72) General Hosp St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 418

2. FULL NAME

Karelinea Hammond  
(a) Residence, No. 4130 Seneca Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 1898  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
42 4 23

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Mo

FATHER  
13. NAME Henry Neman

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

MOTHER  
15. MAIDEN NAME Amelia

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

17. INFORMANT Deirda Clark  
(ADDRESS) RC Gen Hosp RCMO

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Farley, Mo DATE 1-27-36

19. UNDERTAKER BERGMAN FUNERAL HOME, INC.  
(ADDRESS) \_\_\_\_\_

20. FILED 1-27-36 M. M. Cronin  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-25-1936  
22. I HEREBY CERTIFY, That I attended deceased from 1-12-1936 to 1-25-1936  
I last saw him alive on 1-25-1936 Death is said to have occurred on the date stated above, at 9:40 am  
The principal cause of death and related causes of importance were as follows:

Redunculated Fibroma of uterus (Non-malignant) Date of onset \_\_\_\_\_  
Other contributory causes of importance: Septicemia, type undetermined

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external cause (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) J. H. James, M. D.  
(Address) RC Gen Hosp RCMO

