

MAY 22 1936

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

Do not use this space.

15842

## 1. PLACE OF DEATH

County LamarRegistration District No. 468Township MarionvillePrimary Registration District No. 4281City Marionville (No. ....)

File No. ....

Registered No. 24

St. .... Ward

2. FULL NAME Barbara Ellen 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

## 4. COLOR OR RACE

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

FemaleWhiteWidowed

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Wife James V. Hammond

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

Aug 6th 1860

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

75822

## 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)

Ford Water England

## 13. NAME

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

Soloman White England

## 15. MAIDEN NAME

Martha Clark

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

England

## 17. INFORMANT (ADDRESS)

Walter A. Walsh Marionville Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE 2007 N. 11thDATE Apr. 30 1936

## 19. UNDERTAKER (ADDRESS)

A. S. Wallace Billings Mo.

## 20. FILED

May 10 1936 Laura O. Carnady Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 193622. I HEREBY CERTIFY, That I attended deceased from March 4th 1936, to April 24 1936I last saw her alive on April 24th 1936. Death is saidto have occurred on the date stated above, at 11:00 P. M.

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

Failure of Liver

Date of onset

1936

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Autopsy (Was there an autopsy?) no

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? no

If so, specify.....

(Signed) F. W. Tester, M. D.(Address) Marionville, 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.

