

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

Do not use this space.

26393

AUG 20 1936

1. PLACE OF DEATH
 County Howard. Registration District No. 878
 Township Richmond. Primary Registration District No. 5-5-2-6
 City George William Hammond, (No. _____) St. _____ Ward _____

2. FULL NAME _____
 (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

MEDICAL CERTIFICATE OF DEATH

7/17th 1936

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married,
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/5th / 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 4 12

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 19____
 22. I HEREBY CERTIFY, That I attended deceased from May, 1926, 19____, to 7-17, 1936
 I last saw him alive on 7-16-36, 19____. Death is said to have occurred on the date stated above, at 8¹⁵ m.
 The principal cause of death and related causes of importance were as follows:

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) Ohio. (STATE OR COUNTRY)
 FATHER 13. NAME John Hammond.
 14. BIRTHPLACE (CITY OR TOWN) Ohio. (STATE OR COUNTRY)
 MOTHER 15. MAIDEN NAME Letitia Gray.
 16. BIRTHPLACE (CITY OR TOWN) Ohio. (STATE OR COUNTRY)
 17. INFORMANT Mrs George Hammond. (ADDRESS) Fayette, Mo
 18. BURIAL CREMATION OR REMOVAL City Cemetary, PLACE DATE 7/18th 1936
 19. UNDERTAKER Guy T. Halley. (ADDRESS) Fayette, Mo.
 20. FILED Aug 8 1936 V. C. Borham Registrar.

Heat Exhaustion
8-10-36
 Date of onset 12-36
 Other contributory causes of importance:
 (1) Chronic arthritis deformans 1926
 (2) Paralytic agitans 1925
 Name of operation ridge Date of _____
 What test confirmed diagnosis Phosphorus 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) Mr. J. Shaw, M. D.
 (Address) Fayette, 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.

