

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

Do not use this space.

31873

SEP 28 1936

1. PLACE OF DEATH

County Monroe Registration District No. 65-1
Township Little Prairie Primary Registration District No. 4388
City Canthessville (No. _____) St. _____ Ward _____

2. FULL NAME

Frank Hammond
(a) Residence, No. Canthessville Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elsie Hammond

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-11-1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>62</u>	<u>4</u>	<u>25</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public

10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dyer Co. Tennessee

13. NAME Jim Hammond

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

15. MAIDEN NAME D.K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT Elsie Hammond (ADDRESS) Canthessville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Little Prairie Cem. DATE 8/7 1936

19. UNDERTAKER J. J. La Forge (ADDRESS) Canthessville Missouri

20. FILED 8-11-10 1936 E. A. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1936 to Aug. 6, 1936
I last saw A.M. alive on Aug. 6, 1936 Death is said to have occurred on the date stated above 13:45 P.M.
The principal cause of death and related causes of importance were as follows:

Cancer of Stomach
46

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) P. J. Aquino, M. D.
(Address) Canthessville, 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.

