

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

Do not use this space.

35262

OCT 21 1936

**1. PLACE OF DEATH**

County Platte  
Township Green  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 692  
Primary Registration District No. 5919B

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jefferson Ham  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**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 Widowed Mary Ham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 25 1860  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 76 5 7

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. Retired  
10. Date deceased last worked at this occupation (month and year) July 1 1935 11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME Thornton Ham

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

15. MAIDEN NAME Mary Ingram

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

17. INFORMANT (ADDRESS) Eddie Ham  
Deaton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Deacon Ridge Cem. DATE Sept 4 1936

19. UNDERTAKER (ADDRESS) Russian Dabis  
Deaton Mo.

20. FILED Sept 5 1936 M. H. Moore  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2nd 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 30<sup>th</sup> 1936 to Sept 2<sup>nd</sup> 1936  
Last seen alive on Sept 2 1936. Death is said to have occurred on the date stated above, at 4:49 m.  
The principal cause of death and related causes of importance were as follows:

Prostatitis  
Probably malignant.  
51

Date of onset 8-1-36

Other contributory causes of importance:  
Retention of urine. 9-25-36  
Uremic poison

Name of operation None Date of None  
What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury None, 1936

Where did injury occur? None  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) L. J. Dufour M. D.  
Deaton Mo  
(Address)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

1-20-36 I X704

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.

