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.

NOV 20 1936

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

Do not use this space.

36878

1. PLACE OF DEATH
County Butler — Registration District No. 990 — File No.
Township St. Francis — Primary Registration District No. 5133 — Registered No. 9
City ~~Rombauer~~ (No. ..... St. ..... Ward)

2. FULL NAME Mrs. Nellie Hamm
(a) Residence, No. Rombauer Mo. St., ..... Ward. (If nonresident, give city or town and State)
(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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Lewis Hamm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 1 - 1879

7. AGE: YEARS 57 — MONTHS 8 — DAYS 10 — If LESS than 1 day, ..... hrs. or ..... min.

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

FATHER
13. NAME: William Tarpley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: Ann Jane — Maiden Name unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Lewis Hamm, Rombauer Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rombauer Mo. DATE 10-12, 1936

19. UNDERTAKER (ADDRESS): Rufus Badgett, Rombauer Mo

20. FILED 10-12, 1936 A W Zoll, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10 - 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8 - 31, 1936, to Sept - 19, 1936
I last saw her alive on Sept - 19, 1936. Death is said to have occurred on the date stated above, at 2:10 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus — Date of onset: Unknown

Other contributory causes of importance:

48

Name of operation: Operation — Date of 9-2-36
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) Poplar Bluff Mo