DEC 30 1936

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

Do not use this space.

1. PLACE OF DEATH
County Pemiscot
Township [illegible]
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 656
Primary Registration District No. 5873

File No. 42099
Registered No. .....

2. FULL NAME Charles Clifton Ham

(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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1936

7. AGE YEARS | MONTHS | DAYS 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
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) Tyler, Mo.

FATHER
13. NAME Charley Ham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ball, Miss.

MOTHER
15. MAIDEN NAME Nora Brinkley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newburn Tenn.

17. INFORMANT (ADDRESS) Charley Ham Tyler, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Gion DATE 11 — 14 — 1936

19. UNDERTAKER (ADDRESS) Berman Undertaking Co Steele, Mo

20. FILED 11-30 1936 Tom Bingamer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 — 13 — , 1936

22. I HEREBY CERTIFY, That I attended deceased from 11 — 11 — , 1936, to 11 — 13 — , 1936

I last saw him alive on 11 — 11 — , 1936. Death is said to have occurred on the date stated above, at 10 a.m.

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

Influenza

Date of onset

Other contributory causes of importance

11B

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

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) T. S. Cooper, M. D.
(Address) Coster, 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.

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