

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

Do not use this space.

APR 21 1937

1. PLACE OF DEATH

County

Township

City

Greene

Springfield

Registration District No.

Primary Registration District No.

(No.)

1104 E. Commercial

318

2001

File No.

Registered No.

St.

Ward

11962

0268

2. FULL NAME

(a) Residence, No.

(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.

Lycurgus L. Hammond
1104 E. Commercial

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

male

white

married

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

Nora Hammond

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

Jan 21 - 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

72

74

2

6

OCCUPATION

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

retired ice manufacturer

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

Ice Plant

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)

Kan.

FATHER

13. NAME

Fletcher Hammond

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

Ky.

MOTHER

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

*Clide E. Hammond
1104 E. Commercial
Springfield, Mo.*

18. BURIAL, CREMATION, OR REMOVED

Interred in Parkersville, Mo. Mar. 31, 1937

19. UNDERTAKER (ADDRESS)

*W. K. Ingber & Co.,
Springfield, Mo.*

20. FILE

*Mar 29, 1937
Chas A. George, M.D.
Registrar*

MEDICAL CERTIFICATE OF DEATH

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

March 27th, 1937

22. I HEREBY CERTIFY, That I attended deceased from *March 27th, 1937, to March 27th, 1937*

I last saw him alive on *Aug 18, 1936* Death is said to have occurred on the date stated above, at *3:30 A.M.*

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

The patient died with Central Hemorrhage a few minutes before I arrived.

Date of onset

J. E. Rayle, M.D.

Other contributory causes of importance:

Arterio-Sclerosis and previous paralytic stroke

Name of operation

What test confirmed diagnosis? *J20* 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

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) *J. E. Rayle*, M. D.

(Address) *Springfield - Missouri*

