

MAY 15 1937

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

Do not use this space.

15220

1. PLACE OF DEATH

 County Jackson Registration District No. 377
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 611 W. 20th Street) St. _____ Ward _____

 File No. _____
 Registered No. 1766
 St. _____ Ward _____

2. FULL NAME

Infant Hammond

 (a) Residence, No. 611 W. 20th St. 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 Female	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 ---		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 30, 1937</u>		
7. AGE	YEARS	MONTHS
		2
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
	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) Kansas City Mo.13. NAME Harry Hammond14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas15. MAIDEN NAME Lela Stites16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma17. INFORMANT Harry Hammond
(ADDRESS) 611 W. 20th St.18. BURIAL, CREMATION, OR REMOVAL
PLACE Leeds DATE Apr. 30 3719. UNDERTAKER QUIRK & TOBIN COMPANY
(ADDRESS) 20 W. Linwood20. FILED 4-13 19 37 mmlowre a
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30 1937
 22. I HEREBY CERTIFY, That I attended deceased from 3/30/37 19 to 4/3/37 19
 I last saw her alive on April 1 1937 19 Death is said to have occurred on the date stated above, at 4:37 p.m.
 The principal cause of death and related causes of importance were as follows:

 Cerebral Hemorrhage
 160B
 Date of onset

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?
 If so, specify _____
 (Signed) E. Ernest Johnson Jr. M. D.
 (Address) 130 Professional

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.

