

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

Do not use this space.

JUN 28 1937

1. PLACE OF DEATH

County *Pike*
Township *Spencer*
City *Curryville* (No. *2*)

Registration District No. *686*
Primary Registration District No. *4410*

File No. *21010*
Registered No. *10*
Ward

2. FULL NAME

William Lee Hammett

(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 *7* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Lillian Hammett</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec. 26 1854</i>				
7. AGE <i>82</i>	YEARS <i>82</i>	MONTHS <i>4</i>	DAYS <i>13</i>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired farmer</i>			
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5-8 1937*

22. I HEREBY CERTIFY, That I attended deceased from *5-8 1937* to *5-8-37*, 19____.

I last saw him alive on *5-8-37*, 19____. Death is said to have occurred on the date stated above, at *7 a.m.*

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

Cancer of Rectum
History of 5 yrs

Date of onset

Other contributory causes of importance:

Nil

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) *J. H. McConn* M. D.
(Address) *Bowling Green Mo*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

FATHER

13. NAME *James Hammett*

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

MOTHER

15. MAIDEN NAME *Susan Brock*

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

17. INFORMANT *Mrs Lillian Hammett*
(ADDRESS) *Curryville Mo*

18. BURIAL, CREMATION OR REMOVAL PLACE *Curryville Cem.* DATE *May 9 1937*

19. UNDERTAKER *W. B. Elyore*
(ADDRESS) *Bowling Green*

20. FILED *May 9 1937* *Mrs Gene Henderson* REGISTRAR

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.

