

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

Do not use this space.

JUN 29 1937

1. PLACE OF DEATH

County St. Genevieve Registration District No. 783 File No. 21232
 Township Saline Primary Registration District No. 6029 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Martin McKinley Hammers

(a) Residence, No. _____ St. _____ Ward _____ (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unmarried
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lattie Pector Hammers
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31, 1900
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 37 37 4 12
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
 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) Spratt, Missouri

13. NAME James Hammers

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

15. MAIDEN NAME Dollie Graff

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

17. INFORMANT (ADDRESS) Lattie Pector Hammers
W. W. Warden Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE May 20 1937

19. UNDERTAKER (ADDRESS) Wilmington, Del. Co
Wilmington

20. FILED 5-23 1937 Mrs. Coroll J. Boyd
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 20 1937 to May 19 1937
 last seen alive on Apr 10 1937 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
 Date of onset _____
 Other contributory causes of importance: DM

Name of operation Clivical 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 R. Applebury
 (Signed) J. Boyd, M. D.
 (Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. **PHYSICIANS should state EXACTLY.** AGE should be stated EXACTLY. **PHYSICIANS should state amount of certainty supplied.** AGE should be stated EXACTLY. **PHYSICIANS should state**

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Dr. J. J. Schmitt