SEP 21 1937

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

Do not use this space.

29766

File No.

Registered No. 3400

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City, (No. 3728 Valentine Road St. Ward)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Mrs. Jane S. Ham
(a) Residence, No. 3728 Valentine Rd. 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: Fe
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12 1857

7. AGE: Years 80 | Months 6 | Days 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
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) Massachusetts

FATHER
13. NAME Day
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass.

MOTHER
15. MAIDEN NAME Hanah Perkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Mrs. Elizabeth Ragan
(ADDRESS) 3728 Valentine Rd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE Aug. 16 1937

19. UNDERTAKER R.V. Lindsey and Sons, Inc.
(ADDRESS) Kansas City, Missouri

20. FILED Aug. 16 1937 M.M. Crowe, asst.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1933 to Aug 14 1937
I last saw h...er alive on Aug 14 1937 Death is said to have occurred on the date stated above, at 11:45 AM
The principal cause of death and related causes of importance were as follows:

Pneumonia Hypostatic — Date of onset Aug 4 1937
Bronchial
J.D.W.

Other contributory causes of importance:
Multiple Cerebral Hem. — 1929
Arterio Sclerosis

Name of operation None 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) Forest J. Foster, M. D.
(Address) 210 Argyle Bldg Kansas City

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

Plaintiff