CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

OCT 19 1937

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No. 33338
Township KAW — Primary Registration District No. 1002 — Registered No. 3103
City KANSAS CITY (No. ST LUKES HOSPITAL St. Ward)

2. FULL NAME ALICE CLARE HAMMOND
(a) Residence, No. 7505 MAIN St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 3 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: WH
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) SEPT 8-1931

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
6	0	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SCHOLAR
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ST. ELIZABETH'S
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) BUTTE MONTANA

FATHER
13. NAME ALBERT M HAMMOND
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BUTTE MONTANA

MOTHER
15. MAIDEN NAME CECELIA McDONALD
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BUTTE MONTANA

17. INFORMANT (ADDRESS) ALBERT M HAMMOND 7505 MAIN ST

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY DATE SEPT 20 1937

19. UNDERTAKER (ADDRESS) NEWCOMERS KC MO

20. FILED Sept 19 1937 M. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1937, to Sept. 18, 1937
I last saw her alive on Sept 18, 1937. Death is said to have occurred on the date stated above, at 5:15 P.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Infantile Paralysis
(Acute Anterior poliomyelitis)
16

Other contributory causes of importance:

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. B. Cawheed M. D.
(Address) 6247 Brookside Blvd

[illegible]
3719 [illegible]