

DEC 14 1937

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

Do not use this space.

1. PLACE OF DEATH

County Benton
Township Union
City Edwards

Registration District No. 64
Primary Registration District No. 5701

File No. 40619
Registered No. 9

2. FULL NAME

Tony E. Hammond
(a) Residence, No. Edwards No 1st 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Hammon

22. I HEREBY CERTIFY, That I attended deceased from never, 19 , to , 19 . I last saw him alive on never, 19 . Death is said to have occurred on the date stated above, at 9 a. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7, 1911

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

7. AGE YEARS MONTHS DAYS LESS than 1 day, hrs. or min. 26 7 26

Accidental shooting Date of onset

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Farmer

shooting occurred while cleaning and assembling 22 rifle didn't think gun loaded

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) Nov 1937 11. Total time (years) spent in this occupation life

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hastain Mo.

Name of operation 184 Date of What test confirmed diagnosis clinical Was there an autopsy? no

13. NAME John Hammon

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 11-3-1937 Where did injury occur Near Edwards Mo (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place. In home

15. MAIDEN NAME Mary Hogue

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

17. INFORMANT Clark Casey (ADDRESS) 8118 Montague, S.C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Gays City DATE Nov. 4, 1937

19. UNDERTAKER E. M. White (ADDRESS) Warsaw, Mo

20. FILED Nov. 10, 1937 M. E. Watson Registrar.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D. W. Reser (Address) Coroner, M. D. 4 Col Camp Mo

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

