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

2159
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 86
(b) Township ~~Washington~~ Primary Registration District No. 5127 Registered No. 8
(c) City ~~Washington,~~ (d) Street No. 1 Mi. W. of Industrial City, Mo. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William James Hammack, 520
(a) Residence, No. 1 Mi. W. Industrial City, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rebecca J. Hammack,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1850

7. AGE: Years 81 | Months 1 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer,
9. Industry or business in which work was done, as saw mill, bank, etc. Farm,
10. Date deceased last worked at this occupation (month and year) January 1932
11. Total time (years) spent in this occupation 58

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam County, Indiana, 9

FATHER
13. NAME Samuel I. Hammack, 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

MOTHER
15. MAIDEN NAME Elizabeth Smith,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

17. INFORMANT Mrs. Lodiska Cure
(ADDRESS) Industrial City, Mo.

18. ~~BURIAL, CREMATION~~, OR REMOVAL Harrison Co. Mo.
PLACE Cain Cemetery DATE Feb'y 2nd 1938

19. FUNERAL DIRECTOR Weaton-Bresler & Bowman
(ADDRESS) 319 So. 10th. Str. Funeral Home

20. FILED Feb 1 1938 B. W. Tedlock M.D. M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 31st 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 30th 1937, to Jan 31st 1938
I last saw him alive on Jan 30th 1938. Death is said to have occurred on the date stated above, at 3:45a m.
The principal cause of death and related causes of importance were as follows:

		Date of onset
Uremic poison	M	12
108	Sy	13
	Pg	37

Other contributory causes of importance:
Tobacco Poison

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? No
If so, specify .....
(Signed) W. H. Morris, M. D.
(Address) 309 Albemarle

RECEIVED FEB 2 1938 BUREAU OF VITAL STATISTICS MO. STATE BOARD OF HEALTH

(Licensed Embalmer's Statement on Reverse Side)

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.

I X12604

JAN 23 1946

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself 1/31/3

L. E. —

No. — or by —, Registered Apprentice No. —

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)