

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

Do not use this space.

REC'D MAR 15 1938

1. PLACE OF DEATH

38 County *Montgomery*
Township *Jackson*
City *Wentzville*

Registration District No. *312*
Primary Registration District No. *4688*

File No. *6733*

Registered No. _____
St. _____ Ward _____

2. FULL NAME

Eva Belle Hamner - 560

(a) Residence, No. *King City* St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred *Libel* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Walter H. Hamner*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 16 - 1891*

7. AGE YEARS *46* MONTHS *4* DAYS *4* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

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) *1932* 11. Total time (years) spent in this occupation _____

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

13. NAME *J. W. Fitzgerald*

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

15. MAIDEN NAME *Mary Shepard*

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

17. INFORMANT *Walter H. Hamner* (ADDRESS) *King City*

18. BURIAL, CREMATION, OR REMOVAL PLACE *King City* DATE *2-27-38*

19. UNDERTAKER *R. J. Torggare* (ADDRESS) *King City*

20. FILED *38* *Donald S. Day* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-20-1938*

22. I HEREBY CERTIFY, That I attended deceased from *July 7*, 1937, to *February 20*, 1938

I last saw h. & r. alive on *Feb. 20*, 1938. Death is said

to have occurred on the date stated above, at *7:30 P.* m.

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

Metastatic Carcinoma - ex. V Cervix, bladder, large colon, and the supra-clavicular and inguinal glands -

Date of onset *1932*

Other contributory causes of importance: *48-*

Name of operation *Excision of glands* Date of _____

What test confirmed diagnosis? *Fluorobutyro* Was there an autopsy? *710*

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 c*

If so, specify. (Signed) *Wm. Jack A. Barnes, M. D.*

(Address) *King City, Mo.*

RECORDS SECTION - MISSOURI STATE BOARD OF HEALTH - VITAL STATISTICS - DEPARTMENT OF HEALTH - COLUMBIA, MISSOURI

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

6733
Do not use this space.

1. PLACE OF DEATH

(a) County Gentry Registration District No. 312
(b) Township _____ Primary Registration District No. 4188 Registered No. _____
(c) City King City (d) Street No. _____ 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 Eva Belle Hammer

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
46 4 4

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

9. Industry or business in which work was done, as 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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19 _____

I last saw h. _____ alive on _____, 19 _____. 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:

metastatic carcinoma of certain bladder large colon and the supra clavicular and inguinal glands -

Other contributory causes of importance:

The primary seat of malignancy was the body of the uterus

Name of operator _____ Date _____
What the 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) Zacue A Barnes, M. D.
(Address) King City Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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.

SUPPLEMENT

S-6733