

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.

REC'D MAY 16 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cass
Township Pleasant Hill
City Pleasant Hill (No. _____)

Registration District No. 157
Primary Registration District No. 4091

File No. 14304
Registered No. 19
St. _____ Ward _____

2. FULL NAME Wheeler Jenkins Hammoutree

(a) Residence, No. _____ 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 <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF <u>Maude Hammoutree</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 14 - 1878</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>3</u>
	DAY <u>-</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>machinist</u>	
	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)	11. Total time (years) spent in this occupation <u>0</u>

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

FATHER
13. NAME Elijah B. Hammoutree
14. BIRTHPLACE (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Elizabeth Hartzell
16. BIRTHPLACE (CITY OR TOWN) Cass Co.
(STATE OR COUNTRY) Mo.

17. INFORMANT Graville Hammoutree
(ADDRESS) Pleasant Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Hill DATE 4-16-1938

19. UNDERTAKER D. A. Nofsinger
(ADDRESS) Pleasant Hill, Mo.

20. FILED 4-18-1938 Mrs. Etta M. Aldridge
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1938
22. I HEREBY CERTIFY, That I attended deceased from April 13, 1938 to April 14, 1938
I last saw him alive on April 14, 1938. Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
Date of onset Apr 13

Other contributory causes of importance: 1070

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) C. J. Conrad, M. D.
(Address) Pleasant Hill, Mo.

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