

REC'D JUN 9 1938

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

17823
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. 33
 (c) City St. Joseph (d) Street No. 1/2 mile East St. Joseph on highway #36 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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Andrew Coleman Hamm 500

(a) Residence, No. 1/2 mile E. St. Joseph, highway #36 St. (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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie H. Hamm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 11 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tourist Cabins
 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 10

12. BIRTHPLACE (CITY OR TOWN) New Point, 0
 (STATE OR COUNTRY) Missouri 0

FATHER 13. NAME Belden Hamm
 14. BIRTHPLACE (CITY OR TOWN) New Point 1
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mary Thorpe
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Penn.

17. INFORMANT Mattie H. Hamm
 (ADDRESS) St. Joseph, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Mora DATE May 17, 1938

19. FUNERAL DIRECTOR Walter Meierhoffer
 (ADDRESS) 1302 Faraon Street, St. Joseph

20. FILED May 17, 1938 Myrtle M. Hanson
 Local Registrar. 861

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 19 38

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1938, to May 16, 1938
 I last saw him alive on May 16, 1938. Death is said to have occurred on the date stated above, at 12:30 am.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset unknown
131
 Other contributory causes of importance: Chronic nephritis

Name of operation none Date of _____
 What test confirmed diagnosis? Ex. Lab. Was there an autopsy? Yes

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) E. M. Shores _____, M. D.

(Address) Kirkpatrick Bld.
St. Joseph Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, Wilbur Kelly, Licensed Embalmer No. Mo. 3946

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

W. B. Kelly

Licensed Embalmer No. Mo. # 3946

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.)