

REC'D JUN 20 1938

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

Do not use this space.

18609

1. PLACE OF DEATH

County Jefferson
Township Hillsdale
City Hillsboro (No. 3)

Registration District No. 420
Primary Registration District No. 5574

File No. _____
Registered No. 31
St. _____ Ward _____

2. FULL NAME

Mrs. Mary Hammett
(a) Residence, No. Hillsboro Mo RR #3 Ward. _____
(Usual place of abode)

5-2-38

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

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

22. I HEREBY CERTIFY, That I attended deceased from 4-29, 1938, to 5-2, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1866

I last saw h.w. alive on 5-1, 1938. Death is said to have occurred on the date stated above, at 8:45 a.m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 - - -

Bronchial Pneumonia Date of onset 4-27-38

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

Other contributory causes of importance: Essential Hypertension

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Daniel Lewis

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

15. MAIDEN NAME Kezia Gates

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

17. INFORMANT Mrs. J. Lenn (ADDRESS) St. Louis Mo

18. BURIAL, CREMATION OR DISPOSAL PLACE New Richmond DATE May 4, 1938

19. UNDERTAKER Benjamin B. Dittsch (ADDRESS) St. Louis Mo

20. FILED 5-27, 1938 Jeneta Donnell Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Chas. E. Lull, M. D.
(Address) St. Louis Mo

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

