REC'D AUG 10 1938

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

Do not use this space.

25431

File No.
Registered No.

1. PLACE OF DEATH
County Henry
Township
City Clinton
Registration District No. 347
Primary Registration District No. 3018
(No. ... St. ... Ward)

2. FULL NAME Irene Joan Hammond 553
(a) Residence, No. 810 E Lincoln 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 F
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 Tommie Hammond
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26 1915
7. AGE YEARS 23 MONTHS 5 DAYS 6 If LESS than 1 day, ... hrs. or ... min.

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

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

FATHER
13. NAME James Wm Damerond
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co

MOTHER
15. MAIDEN NAME Pearl —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Tommie Hammond
(ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Englewood DATE 7/4 1938

19. UNDERTAKER Consolver & Peck
(ADDRESS) Clinton Mo

20. FILED 8-9 1938 Dr J R Hamilton Registrar. 312

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2, 19

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1938, to August 2, 1938
I last saw her alive on August 2, 1938. Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:
Peritonitis due to streptococcic infection in left tube. Also acute myocarditis.
Date of onset

Other contributory causes of importance 139 B

Name of operation Exploratory Laparotomy Date of July 31
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?
If so, specify

(Signed) Geo I Metzit DO
(Address) Clinton, Missouri

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.

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MAY 18 1948

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.

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

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

25-431
Do not use this space.

1. PLACE OF DEATH
(a) County Henry   Registration District No. 347
(b) Township   Primary Registration District No. 3018   Registered No.
(c) City Clinton   (d) ~~Street No.~~ Community Clinic Hospital 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 Irene Joan Hammond
(a) Residence, No. ______ 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 F
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 23, MONTHS 5, DAYS 6. If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
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) Aug 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from ______, 19__, 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: Date of onset
peritonitis due to streptococcic infection in left tube also acute myo-carditis (I don't know what caused strep infection) Was not Puerperal
Other contributory causes of importance:
Name of operation Exploratory Laparatomy Tube Removed   Date of
What test 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

1396

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Geo. S. Wetzel, M. D.
(Address) Clinton Mo

SUPPLEMENTARY