DEC'D JAN 24 1939

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

Do not use this space.

43018

1. PLACE OF DEATH
County Franklin — Registration District No. 295 — File No.
Township Meramec — Primary Registration District No. 5412 — Registered No.
City Stanton (No. ..., ... St. ..... Ward)

2. FULL NAME Mary Angeline Hammer
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Ben Hammer, Sr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25, 1868

7. AGE: YEARS 70 — MONTHS 10 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Champion City, Mo.

FATHER
13. NAME Eli Parks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County, Mo.

MOTHER
15. MAIDEN NAME Malinda Thompson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County, Mo.

17. INFORMANT (ADDRESS) Ben Hammer, Jr. Stanton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stanton, Mo. DATE Dec. 13, 1938

19. UNDERTAKER (ADDRESS) Wm. Casey & Co. St. Clair, Mo.

20. FILED 12/12, 1938 Edgar W. Laffoon, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12 noon 12-11, 1938, to 1 p.m. 12-11, 1938
I last saw her alive on 12-11 45, 1938. Death is said to have occurred on the date stated above, at 1 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12-11 11 a.m.
94 h	

Other contributory causes of importance:

angina pectoris	?

Name of operation None 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 A Proctor, M. D.
(Address) Sullivan Mo

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.

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