

REC'D FEB 23 1939

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

Do not use this space.

**1. PLACE OF DEATH**County LawrenceTownship SpringriverCity Verona (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)Registration District No. 475Primary Registration District No. 5539File No. 2881

Registered No. \_\_\_\_\_

**2. FULL NAME** Robert Coleman Ham(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds. (If nonresident, give city or town and State)**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>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Ham6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>85</u>	<u>3</u>	<u>9</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Retired Merchant</u>
	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) Arkansas13. NAME John Ham14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Mrs. R. C. Ham  
(ADDRESS) Verona, Missouri18. BURIAL, CREMATION, OR REMOVAL  
PLACE Springriver DATE Dec. 11, 193819. UNDERTAKER Wilks Funeral Home  
(ADDRESS) Verona, Missouri20. FILED 1-9, 1939 G. J. Ruediger  
Registrar**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9, 193822. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1938, to Dec. 9, 1938I last saw him alive on Dec. 9, 1938. Death is saidto have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure Date of onset \_\_\_\_\_IleusDouble Incarcerated HerniaOther contributory causes of importance: SenilityPost-operative ShockName of operation Laparotomy Date of 11/29/38What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? 3823. 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) F. Avery Watson, M.D.(Address) Verona, Mo

RECEIVED

District Health Officer No. 6,

District File Number 6-39-446

Date Filed 2/21/39