

MAR 15 1939

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

Do not use this space.

1. PLACE OF DEATH

County Cass Registration District No. 156
Township _____ Primary Registration District No. 4090
City Harrisonville (N. Harrisonville Boep.) St. _____ Ward _____

File No. 6169

Registered No. 11

2. FULL NAME

(a) Archie No. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the words) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lulu May

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 1 7

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

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) June 1938 11. Total time (years) spent in this occupation 66

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass County

13. NAME John Henry Hammonds

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

15. MAIDEN NAME Miriam Ann Davenport

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co. Mo.

17. INFORMANT (ADDRESS) Archie

18. BURIAL, CREMATION, OR REMOVAL PLACE Hammont Cem. DATE Feb. 19 39

19. UNDERTAKER (ADDRESS) William Pro

20. FILED 2-19 1939 Geewesley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 17 39

22. I HEREBY CERTIFY, That I attended deceased from 5-12-38 to 2-17-39

I last saw him alive on 2-16, 1939 Death is said

to have occurred on the date stated above, at 7:30 AM.

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

Carcinoma of bladder Date of onset

Other contributory causes of importance: 51

Name of operation _____ 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 _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) David S. Roy M. D.

(Address) Harrisonville 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.

