

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.

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

Do not use this space.

REC'D JUN 15 1939

1. PLACE OF DEATH

County Atchison 3 Registration District No. 21
Township Buchanan Primary Registration District No. 5030
City New Hamburg (No. _____) St. _____ Ward _____

File No. 17909
Registered No. _____

2. FULL NAME

(a) Residence, No. Thomson Jr 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 word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17-1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
20 3 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lobar
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm work
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) Jawa 1

13. NAME James Hammer

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

15. MAIDEN NAME Alta Marie Brimmer

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

17. INFORMANT (ADDRESS) Mrs James Hammer

18. BURIAL, CREMATION, OR REMOVAL PLACE Taberna DATE May 30 1939

19. UNDERTAKER (ADDRESS) Harry N. Mansfield

20. FILED June 1 1939 J. A. Gray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1939

22. I HEREBY CERTIFY, That I attended deceased from May 28 1939 to May 28 1939
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:38 m.
The principal cause of death and related causes of importance were as follows:

Choked -
While attempting to swim across bayou, Missouri River - both occurred in
Other contributory causes of importance: 4 hours
Date of onset 5:38

Name of operation clinical 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 5-28-39
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) W. H. Brew M. D.
(Address) 214 1/2 W. 1st St. J. A. Gray

RECEIVED

District Health Officer No. 111

District File Number 39-662

Date Filed JUN 10 1988