

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

Do not use this space.

26245

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton Mo (No. _____)

Registration District No. 347
Primary Registration District No. 3018

File No. _____
Registered No. 41
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28 1914

7. AGE YEARS 18 MONTHS 7 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

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) Coal Mo

13. NAME JR Puckett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leesville Mo

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Tom Hammond

18. BURIAL, CREMATION, OR REMOVAL PLACE Cenwood DATE 8/19 33

19. UNDERTAKER (ADDRESS) Spaulson Clinton Mo

20. FILED 8/18 1933 Ed C. Peeler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/19/33

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 1929, to 8/17/33 1933

I last saw h. er alive on 8/17/33 1933 Death is said to have occurred on the date stated above, at 9 A. M.

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

Cerebrus Virus Date of onset 8/16/33

following Streptococcus infection of face starting from a subcutaneous abscess

Other contributory causes of importance: Thrombosis

Acute Myocarditis

Name of operation _____ 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 _____ 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) R. S. Hallingworth M. D.
(Address) Clinton 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.

SEP 26 1933

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