

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.

Hallinger

SEP 15 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County *Henry* Registration District No. *347*
Township *Clinton* Primary Registration District No. *3018*
City *Clinton* (No.) St. Ward (....)

File No. *29035*
Registered No. *107*

2. FULL NAME

Sus Lucille Hammond

(a) Residence, No. St. Ward.

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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF <i>John L. Hammond</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 19 1912</i>		
7. AGE YEARS <i>22</i>	MONTHS <i>2</i>	DAYS <i>20</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House Keeper</i>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Kentucky</i>		
13. NAME <i>Robert Pickett</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Leeville Mo</i>		
15. MAIDEN NAME <i>Don't know</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Don't know</i>		
17. INFORMANT (ADDRESS) <i>John L. Hammond</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Englewood Aug 11 1934</i>		
19. UNDERTAKER (ADDRESS) <i>Spare & Son</i>		
20. FILE NO. <i>8-11</i> 19 <i>34</i> <i>J R Hampton</i> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8/9/1934*

22. I HEREBY CERTIFY, That I attended deceased from *July 18 1934 to Aug 9 1934*

I last saw him alive on *Aug 9 1934* Death is said to have occurred on the date stated above at *7 P. m.*

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

Toxic Myocarditis with a typhoid ulcer of the placenta.

Other contributory causes of importance:
Typhoid Fever.

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 *no.*
(Signed) *H. Hallinger* M. D.
(Address) *Clinton Mo.*

