

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.

JAN 18 1935

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

Do not use this space.

43580

1. PLACE OF DEATH

County *Lin.*
Township *Browning*
City *Browning* (No.) St. Ward

Registration District No. *497*
Primary Registration District No. *4300*

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

St. Ward

Length of residence in city or town where death occurred *25* 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 *m* 4. COLOR OR RACE *w.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *m.*

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF *Mr. Wendell Hammett*
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 12, 1860*

7. AGE YEARS *74* MONTHS *7* DAYS *7* IF LESS than 1 day, hrs. or min.

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

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) *1879* 11. Total time (years) spent in this occupation *7*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Lin. Co. Mo.*

13. NAME *William Hammett*

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

15. MAIDEN NAME *Wendell Hammett*

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

17. INFORMANT (ADDRESS) *W. N. Hammett, Browning, Mo.*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Browning* DATE *Dec-23-1934*

19. UNDERTAKER (ADDRESS) *W. N. Hammett, Browning, Mo.*

20. FILED *Dec 22, 1934* *Elbert M. McCormick* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 21, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 29, 1934*, to *Dec 21, 1934*

I last saw him alive on *Dec 18, 1934* Death is said

to have occurred on the date stated above, at *9:30 P.M.*

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

Hemiplegia
131
60
Other contributory causes of importance:
Hypertension

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.....

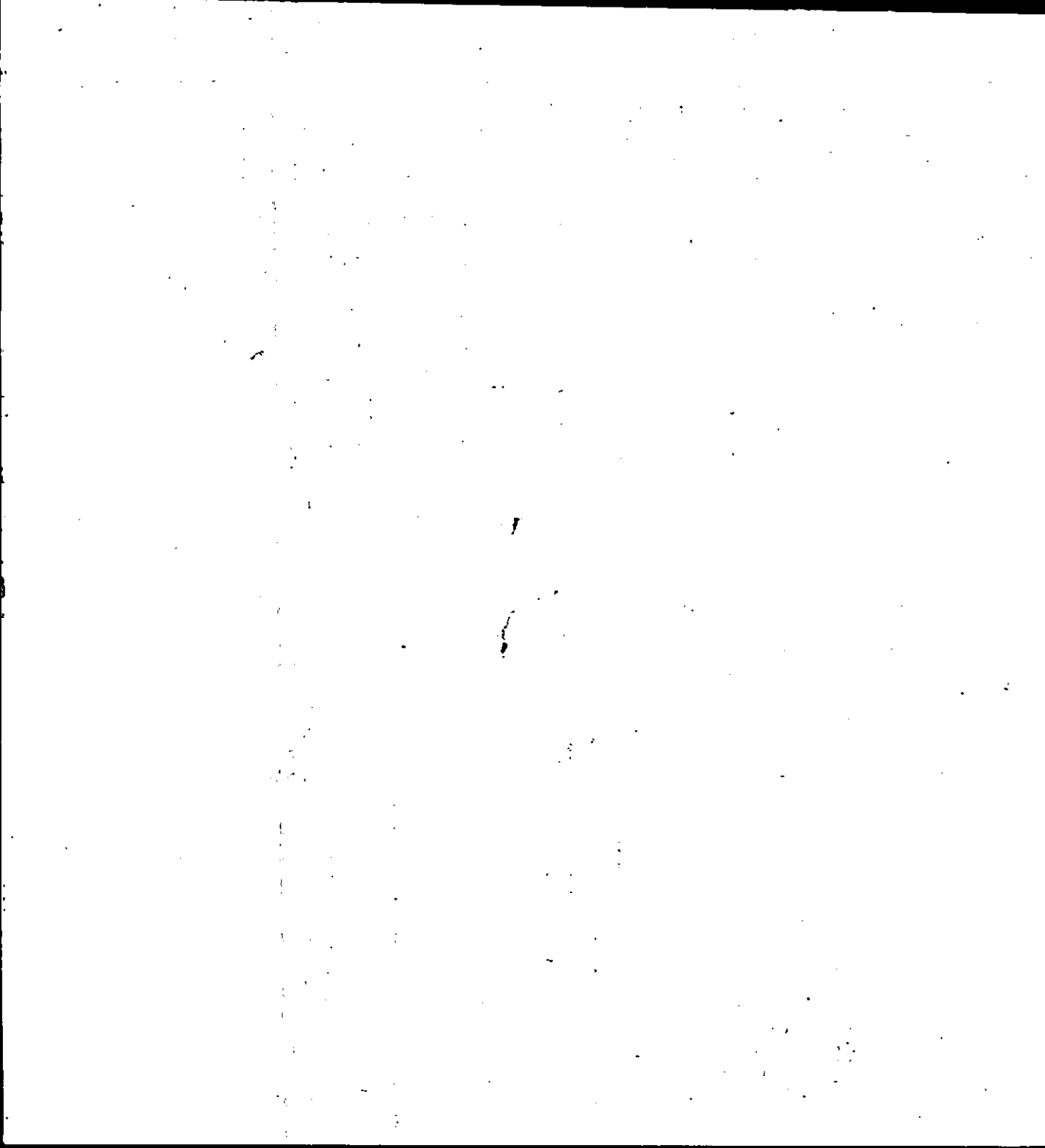
Nature of injury.....

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

If so, specify.....

(Signed) *M. R. Hammett*....., M. D.

(Address) *Browning Mo*



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lincoln

Registration District No. 497

Township Dracut

Primary Registration District No. 4300

City Dracut (No.)

File No.

Registered No.

St. Ward

2. FULL NAME

(a) Residence, 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 7 9

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.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12A. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 12/22 1934 Gloria M. McCormick Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21 1934

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19

I last saw him alive on, 19. Death is said

to have occurred on the date stated above, at, m.

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

Hemiplegia Date of onset

Other contributory causes of importance:

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) , M. D.

(Address)

JAN. 3. 1 1935

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