

REC'D OCT 18 1938

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

31805
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
 (b) Township 1 Primary Registration District No. 3007
 (c) City Paplar Bluff (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Edgar Garfield Hammons 515 St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Muriel Hammons
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13 1881
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 6 24
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Sherriff
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Ill.

FATHER 13. NAME Joseph Nathan Hammons

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Ill.

MOTHER 15. MAIDEN NAME Margaret E. Murray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Ill.

17. INFORMANT (ADDRESS) Mrs Muriel Hammons Paplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE city cem DATE Sept 9 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) N. P. Phelps Paplar Bluff Mo

20. FILED 9/9 1938 O. C. Oatsinger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on....., 19____. Death is said to have occurred on the date stated above, at 12:15 p.m.

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

Chronic glomerular nephritis Date of onset 1932
arteriosclerosis
Chronic myocarditis
Cause unknown

Other contributory causes of importance: 131

Name of operation none 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. Hammons, M. D.

(Address) Paplar Bluff 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.