

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

Do not use this space.

17166

**1. PLACE OF DEATH**

County St. Francois  
Township Liberty  
City Knob Lick (No. ....)

Registration District No. 1115  
Primary Registration District No. 6021

File No. ....  
Registered No. 7  
St. .... Ward

**2. FULL NAME**

Francis Mary ~~Ham~~ Ham  
(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 Female 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 Adam Ham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 10 1846

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>84</u>	<u>5</u>	<u>28</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House Wife  
(b) General nature of industry, business, or establishment in which employed (or employer) for Self  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) M6  
(STATE OR COUNTRY)

10. NAME OF FATHER Samuel Hughes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) M6  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Martha Hamers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) M6  
(STATE OR COUNTRY)

14. INFORMANT Adam Ham  
(Address) Knob Lick M6

15. FILED 5/9 1930 F. J. A. Rejdent  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1930, to May 1, 1930, that I last saw her alive on May 1, 1930, and that death occurred, on the date stated above, at 6 P. M. m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Pulmonary Tuberculosis  
R. B. A.

(duration) 4 yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) 31

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH. Home

0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Cleavel  
Rappley M. D.

(Signed) 5/8 1930 (Address) Knob Lick M6

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Knob Lick U.O.O.F. DATE OF BURIAL May 9 1930

20. UNDERTAKER J. R. Horn ADDRESS Elvins M6

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.

JUN 27 1930

