

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

Do not use this space.

28748

1. PLACE OF DEATH
 County St. Francois Registration District No. 775
 Township Perry Primary Registration District No. 6020
 City Bonne Terre Mo (No.) St. Ward)

2. FULL NAME Charles Edward Hammock
 (a) Residence No. Bonne Terre, Mo. 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 Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED single
 (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 30, 1928
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 21

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre, Mo

10. NAME OF FATHER Phil Hammock
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dallas Miss
12. MAIDEN NAME OF MOTHER Myrtle Shannon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre Mo

14. INFORMANT (Address) Phil Hammock - Bonne Terre, Mo

15. FILED 8/20/29 V. G. Son REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 21, 1929
17. I HEREBY CERTIFY That I attended deceased from August 20th, 1929 to August 21, 1929
 that I last saw him alive on August 21, 1929, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dysentery during ten days
 (duration) yrs. mos. ds. 10. ds.
CONTRIBUTORY (SECONDARY) None
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? No DATE OF
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) J. A. McElhan M.D.
 of or. 19 29 (Address) Phil Hammock, Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bonne Terre Cemetery **DATE OF BURIAL** 8/23 1929

20. UNDERTAKER P. A. Penham **ADDRESS** Bonne Terre

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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