

Registrar of Vital Statistics

Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

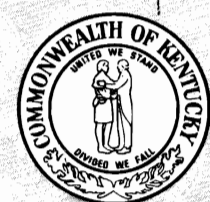
State File No. **29636**
Registrar's No. **81**

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. **1064** Primary Registration District No. **7365**

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| <p>1. PLACE OF DEATH:</p> <p>(a) County <u>Monroe</u></p> <p>(b) City or town <u>rural-Tompkinsville, Ky.</u> <small>(If outside city or town limits, write RURAL)</small></p> <p>(c) Name of hospital or institution: <small>(If not in hospital or institution write street number or location)</small></p> <p>(d) Length of stay: In hospital or community _____ <small>(years, months or days)</small></p> | <p>2. USUAL RESIDENCE OF DECEASED:</p> <p>(a) State <u>Kentucky</u> (b) County <u>Monroe</u></p> <p>(c) City or town <u>rural-Tompkinsville, Ky.</u> <small>(If outside city or town limits, write RURAL)</small></p> <p>(d) Street No. _____ <small>(If rural give precinct)</small></p> <p>(e) If foreign born, how long in U. S. A.? _____ years</p> |
| <p>3(a) FULL NAME XXXX <u>Richard Baker Hammer</u></p> | |
| <p>3(b) If veteran, Name war _____ No. _____</p> | <p>3(c) Social Security No. _____</p> |
| <p>4. Sex <u>Male</u> 5. Color or race <u>white</u> 6(a) Single, widowed, married, divorced <u>widowed</u></p> | <p>20. DATE OF DEATH <u>Dec, 29 1940</u></p> |
| <p>5(b) Name of husband or wife <u>deceased</u></p> <p>5(c) Age of husband or wife if alive _____ Years</p> | <p>21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____ that I last saw h. alive on _____ 19____ and that death occurred on the date stated above at <u>7:45 P.M.</u></p> |
| <p>7. Birth date of deceased <u>May 31 1872</u> <small>(Month) (Day) (Year)</small></p> | <p>Immediate cause of death <u>Diabetic Coma</u></p> |
| <p>8. AGE: Years <u>68</u> Months <u>6</u> Days <u>30</u> <small>If less than one day hr. min.</small></p> | <p>DURATION</p> |
| <p>9. Birthplace <u>Kentucky</u></p> | <p>Due to _____</p> |
| <p>10. Usual occupation <u>Farmer</u></p> | <p>Other conditions _____ <small>(Include pregnancy within 3 months of death)</small></p> |
| <p>11. Industry or business _____</p> | <p>Major findings:</p> <p>Of operations _____</p> <p>Of autopsy _____</p> |
| <p>FATHER { 12. Name <u>Richard W. Hammer</u></p> <p>13. Birthplace <u>Kentucky</u></p> | <p>22. If death was due to external causes, fill in the following:</p> <p>(a) Accident, suicide, or homicide (specify) _____</p> <p>(b) Date of occurrence _____</p> <p>(c) Where did injury occur? in or about home, on farm, in industrial place in public place? _____ <small>(Specify type of place)</small></p> |
| <p>MOTHER { 14. Maiden name <u>Ellen Hicks</u></p> <p>15. Birthplace <u>Tennessee</u></p> | <p>Whits at work? _____ (a) Means of injury _____</p> |
| <p>16(a) Informant's own signature <u>Boss Hammer</u></p> <p>(b) Address <u>Tompkinsville, Ky.</u></p> | <p>23. Signature <u>E. E. Bushong</u> <small>(M.D. or other)</small></p> <p>Address <u>Tompkinsville, Ky.</u> Date signed _____</p> |
| <p>17. BURIAL, CREMATION, OR REMOVAL</p> <p>Place <u>Hammer Cent.</u> Date <u>12/31/40</u> 19____</p> | |
| <p>18(a) Signature of funeral director <u>L.K. Yokley</u></p> <p>(b) Address <u>Tompkinsville, Ky.</u></p> | |
| <p>19(a) <u>12/31/40</u> <small>(Date received by local registrar)</small> (b) <u>[Signature]</u> <small>(Registrar's signature)</small></p> | |

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PH...JANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Barbara F. White, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 19th day of Dec, 1940.

Barbara F. White, State Registrar