

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.

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

PLACE OF DEATH
County St. Francois
Township Randolph
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 779 File No. 36532
Primary Registration District No. 6024-a Registered No. 60

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Agnes Naomi Hamneck

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Nov. 2, 1913
(Month) (Day) (Year)

AGE 1 yrs. 11 mos. 11 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Desloge, Mo.

PARENTS
NAME OF FATHER Jake Hamneck
BIRTHPLACE OF FATHER (City or town, State or foreign country) Silver Springs, Mo.
MAIDEN NAME OF MOTHER Fannie Cash
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Crawford Co., Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jake Hamneck
(ADDRESS) Desloge, Mo.

Filed Nov. 13, 1914 E. S. McClelland
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 12, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 29, 1914, to Nov 12, 1914, that I last saw her alive on Nov 12, 1914, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:
Chronic gastro-enteritis
1193
104
(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY) _____ (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) E. S. McClelland M. D. Nov 12, 1914 (Address) Desloge

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
Where was disease contracted If not at place of death? _____
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL St. Luke's DATE OF BURIAL 11/13, 1914
UNDERTAKER A. Pirke ADDRESS Flat River, Mo.

