

Chadman

34066

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

1. PLACE OF DEATH  
 County Shelby Registration District No. 830 File No. 46  
 Township Shelburna MO Primary Registration District No. 6094 Registered No. 4503  
 City Shelburna MO (No. 4503) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Melvin Edward Hanger  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (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 Margaret Hanger

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>52</u>	<u>1</u>	<u>22</u>		

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Barber  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 23 1919  
 17. I HEREBY CERTIFY, That I attended deceased from 10 1919 to 10 1919  
 that I last saw him alive on Nov 10 1919, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: Presumably traumatic injury  
1325  
170  
 (direction) yrs. mos. da.  
 CONTRIBUTORY (SECONDARY) Not known  
 (duration) yrs. mos. da.

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

10. NAME OF FATHER Samuel Hanger

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

12. MAIDEN NAME OF MOTHER Melvina Banekman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sangamon Co Ill (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED Not known  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? None history  
 (Signed) J. W. White, M. D.  
 (Address) Shelburna 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. (See reverse side for additional space.)

14. INFORMANT Mrs. M. E. Hanger (Address) Clinton Ill.

15. FILED Nov 24 1919 Mittlerley REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton Ill DATE OF BURIAL Nov 24 1919

20. UNDERTAKER E. Hayes ADDRESS Shelburna 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.

