MAY 27 1927

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

Do not use this space.

15557

1. PLACE OF DEATH

County Johnson. Registration District No. 431

Township Montserrat Primary Registration District No. 5593

City ..... (No. ....., ... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Mrs. Sarah Elizabeth Hanna.

(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 44 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female ~~Male~~

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Widow.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Sam'l R. Hanna.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 31, 1848.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
79	3	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper.

(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) KY.

PARENTS

10. NAME OF FATHER Wm. Gillum.

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

12. MAIDEN NAME OF MOTHER Jane Gillum.

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

14. INFORMANT Mr. Chas. Hanna.
(Address) Montserrat. MO.

15. FILED 5/4, 1927 Wm R Patterson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May. 3, 1927. 1927

17. I HEREBY CERTIFY, That I attended deceased from April 20, 1927, to May 3, 1927 that I last saw her alive on May 3, 1927, and that death occurred, on the date stated above, at 9 A. M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(1) Myocarditis

93 D

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) .....

(duration) — yrs. — mos. — ds.

90B

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? Clinical findings

(Signed) H. W. Grove, M. D

, 19 (Address) Knob Noster, 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 Knob Noster Cemetery. DATE OF BURIAL May. 5, 1927.

20. UNDERTAKER Sweeney-Gore-Phillips. ADDRESS Warrensburg. 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.