

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

Do not use this space.

21560

**1. PLACE OF DEATH**

County Jackson  
Township Row  
City N. C. Mo

Registration District No. 399  
Primary Registration District No. 1002  
(No. Old City Hospital)

File No. ....  
Registered No. 2908  
St. .... Ward)

**2. FULL NAME**

Mattie Hanna  
(a) Residence, No. Old Folks Home St. .... Ward. Letter  
(Usual place of abode)

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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pleasant name

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 20-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53      4      3

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Cook  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY) Lexington

10. NAME OF FATHER George Taylor

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

12. MAIDEN NAME OF MOTHER Spotydenha

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

14. INFORMANT Mrs Ned Hall  
(Address) Independence Mo

15. FILED 7/24 57 M. M. Crowe  
REGISTRAR Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-23 1927

17. I HEREBY CERTIFY, That I attended deceased from 7-6 1927, to 7-23 1927, that I last saw her alive on 7-23 1927, and that death occurred, on the date stated above, at 11-30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute Degeneration of Heart.  
128      130  
95R  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Subacute Nephritis  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....  
0 DID AN OPERATION PRECEDE DEATH? NO DATE OF.....

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS. Subacute Nephritis  
(Signed) H. M. Smith M. D.  
7-24-1927 (Address) Old City Hospital

\*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 Woodlawn Cem Indep. DATE OF BURIAL July 26 1927

20. UNDERTAKER W. L. Bower Co ADDRESS Independence 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.

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