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.

26 1927

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

Do not use this space.

30953 X

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No.

Township ~~Mason~~ — Primary Registration District No. 3029 — Registered No. 268

City Hannibal (No. 2104 Hope ave St. 6 Ward)

2. FULL NAME Orpha Leonore McDaniel

(a) Residence. No. 2104 Hope ave St., 6 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Isaac R. McDaniel

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 15 - 1866

7. AGE: Years 61 — Months 6 — Days 19 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(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): Louisiana Mo.

PARENTS
10. NAME OF FATHER: George W. Hobbs
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Louisiana Mo.
12. MAIDEN NAME OF MOTHER: Susan Henderson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Louisiana Mo.

14. INFORMANT: Mrs. Lela Cox
(Address) Hannibal Mo.

15. FILED 10/4, 1927 — O E Stivers, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 4 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1927, to Oct 4, 1927, that I last saw her alive on Oct 2, 1927, and that death occurred, on the date stated above, at 3:10 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Abscess of R Lung (duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY): Pleurisy & Emphysema (duration) yrs. 18 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Abt July 20

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? No

(Signed) J A Chilton, M. D.

, 19 (Address) Hannibal

*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: Shearer Cemetery New Cantor Ill — DATE OF BURIAL: 10/6 1927

20. UNDERTAKER: Schwartz Funeral Home — ADDRESS: Hannibal