

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

Do not use this space.

8868

1. PLACE OF DEATH

County Jackson
Towship Law
City W.C. Mo. (No. 3239 Brooklyn)

Registration District No. 1002
Primary Registration District No. 3239 Brooklyn

File No. 8868
Registered No. 1088
St. Ward

2. FULL NAME

Roberta E. Hannon

(a) Residence No. 5501 S Benton St. Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 6, 1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>Prescribed</u>	<u>1 mo</u>	<u>1 da</u>		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Baby 108
(b) General nature of industry, business, or establishment in which employed (or employer) 106
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Kennett Mo.
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER John S Hannon

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

12. MAIDEN NAME OF MOTHER Albete Fawcett

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

14. INFORMANT Mary E Fawcett
(Address) 5501 S Benton

15. FILED 3/7/28 1928 W. W. Crow REGISTRAR
asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-7-1928

17. I HEREBY CERTIFY, That I attended deceased from birth Feb 6, 1928, to March 7, 1928, that I last saw her alive on March 7, 1928, and that death occurred, on the date stated above, at 2:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia of both lungs. Lobes
108 (duration) yrs. mos. da. 4

CONTRIBUTORY (SECONDARY) Required a cold and settled influenza (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 3239 Brooklyn

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dr L J Graham, M. D
3/7-1928 (Address) 408 Winthman bldg.

*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 Springfield Mo DATE OF BURIAL 3-7-1928

20. UNDERTAKER O V most ADDRESS 1915 E 15

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.

