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

Do not use this space.

16195

3

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, (No. 2402 1/2 Messanie St. Ward)

File No.

Registered No. 585

2. FULL NAME Nannie May DeNeen,

(a) Residence. No. 2401 1/2 Messanie St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur W. DeNeen,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	53	9	21	

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) Covington,
(STATE OR COUNTRY) Kentucky,

PARENTS

10. NAME OF FATHER Fielding Hanks,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,

12. MAIDEN NAME OF MOTHER Melivine LaMaster,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri,

14. INFORMANT Miss Elvira DeNeen
(Address) 2402 1/2 Messanie Street.

15. FILED MAY 10 1928 John G. Uk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7th 1928

17. I HEREBY CERTIFY, That I attended deceased from May 5, 1928, to May 6, 1928, that I last saw her alive on May 6, 1928, and that death occurred, on the date stated above, at 4:20 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Labor Pneumonia

11 ft

10 ft

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Influenza

(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

(1) DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Frank Hartigan, M. D

May 8, 1928 (Address) Kirkpatrick 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	DATE OF BURIAL
St. Jo. Memorial Park Cem.	May 10th 1928

20. UNDERTAKER	ADDRESS
Heaton-BeGole & Bowman for J. W. Harle	319 S. 10 St. Funeral Home

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.