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

Do not use this space.

23106

SEP 24 1928

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 86 — File No.:

Township: Washington — Primary Registration District No.: 5127 — Registered No.: 48

City: (No. County Infirmary St. Ward)

2. FULL NAME: Ward Hanes

(a) Residence. No. 1124 Douglas St. St., Ward. (If nonresident give city or town and State)
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May, 14, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	65	2	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farm laborer.

(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): Edina, Mo.

PARENTS

10. NAME OF FATHER: Daniel Hanes

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

12. MAIDEN NAME OF MOTHER: Catherine Purkett

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

14. INFORMANT: Mrs. Mamie Worley
(Address) 1124 Douglas St.

15. FILED Aug 8 1928 J. J. Bunsbach REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) July, 29, 1928

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1928 to July 25th, 1928, that I last saw him alive on July 25th, 1928, and that death occurred, on the date stated above, at 8.30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82A Arterio Sclerosis

97

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Cerebral Hemorrhage

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Don't know.

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Albert E. Holley M.D.

July 21, 1928 (Address) 822 Edmond St. Joseph 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: City Cemetery — DATE OF BURIAL: Aug 8 1928

20. UNDERTAKER: W. Meirshoffer — ADDRESS: 1302 Faroon

3.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.