

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

Do not use this space.

34414

1. PLACE OF DEATH

County.....*phelps*.....
Township.....
City.....*Rolla*..... (No.....) (St.....) (Ward.....)

Registration District No. *677*
Primary Registration District No. *4403*

File No.....
Registered No. *71*
St..... Ward.....

2. FULL NAME

Michael Joseph Hanley

(a) Residence. No..... St..... Ward.....
(Usual place of abode)

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

male

4. COLOR OR RACE

wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Mary Hanley

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

Don't know

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ____ hrs. ____ min.

near 71

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

R.R. Section man

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Bloomington

(STATE OR COUNTRY)

Ill

10. NAME OF FATHER

Patric Hanley

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Ireland

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Mary Haley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ireland

(STATE OR COUNTRY)

14.

INFORMANT (Address)

*Mrs M. J. Hanley
Arbington, Mo.*

15.

FILED

Oct 9, 1928

Geo. F. Myers

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Oct. 8 1928

17.

I HEREBY CERTIFY That I attended deceased from *July 31*, 19*27*, to *Oct 8*, 19*28*.
That I last saw him alive on *Oct 8*, 19*28*, and that death occurred, on the date stated above, at *9 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis
90A
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Metabolic regulation
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS

Oct. 8, 1928 (Signed) *William McFarland*, M.D.
(Address) *Rolla, 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

DATE OF BURIAL

*Goodall Cemetery near
Arbington*

10-10 1928

20. UNDERTAKER

ADDRESS

Wm H. Bickler

Rolla, 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.

