

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

Do not use this space.

42032

1. PLACE OF DEATH

County Phelps
Township Liberty
City Liberty (No. 1)

Registration District No. 671
Primary Registration District No. 532

File No. 17
Registered No. 17
St. Mo. Ward 1

2. FULL NAME

(a) Residence. No. Emma M. Hanley St. Mo. Ward 1
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

widow of M. J. Hanley

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 30

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Leaton Ohio
(STATE OR COUNTRY)

10. NAME OF FATHER N.B. Slaughter

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

12. MAIDEN NAME OF MOTHER Raney J. Lott

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

14. INFORMANT P. Hanley
(Address) Arlington Mo.

15. FILED 173 1928 B.T. Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 8 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 11 1927, to Dec. 8 1928
that I last saw him alive on Dec. 8 1928, and that death occurred, on the date stated above, at 12:30 A.M.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:

13 Bright disease
Heart
(duration) 1 yrs. 6 mos. ds.
CONTRIBUTORY Mitral Insufficiency
(SECONDARY)
(duration) 2 yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

1) DID AN OPERATION PRECEDE DEATH? NA DATE OF NA
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Geo. W. Honorn M.D.
Dec. 8, 1928 (Address) Boyle Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE CAUSE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL General Cemetery DATE OF BURIAL 173 3 1928

20. UNDERTAKER Lee Johnson ADDRESS Newburg Mo.

THIS IS

blood

best

WRITE PLAINLY, IN INK, WITH FLUORESCENT INK—THIS IS A PERMANENT RECORD

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

42032

1. PLACE OF DEATH

County Shelby
Township Liberty
City Emm (No. 17)

Registration District No. 676
Primary Registration District No. 2900

File No. 17
Registered No. 17
Sl. 17 Ward 17

2. FULL NAME

(a) Residence. No. Emm m. Hanley St. 17 Ward 17
(Usual place of abode) (If nonresident give city or town and State)

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 30

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT
(Address)

15. FILED 172, 19 28 BT Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 3 19 28

17. I HEREBY CERTIFY That I attended deceased from 1928
that I last saw him alive on 1928, and that death occurred, on the date stated above, at 1928

THE CAUSE OF DEATH WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

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?

(Signed) 19 (Address) 19

*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

20. UNDERTAKER ADDRESS

S-42032

08