

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.

MAR 22 1929

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

Do not use this space.

6209

1. PLACE OF DEATH

County Lundy
Township Trenton
City Trenton (No.)

Registration District No. 330
Primary Registration District No. 3017

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward.
(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

F

4. COLOR OR RACE

W

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

W

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

Patrick Hanley

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

Died April 18, 1865

7. AGE

YEARS

MONTHS

DAYS

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

84

Don't know

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)

(STATE OR COUNTRY)

Ireland

10. NAME OF FATHER

Patrick Lane

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER

Ellen Tully

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

14.

INFORMANT (Address)

Mrs. W. P. Hanley
Trenton, Mo.

15.

FILED

Feb 25, 1929

E. A. Ruffy

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Feb 23 1929

17.

I HEREBY CERTIFY That I attended deceased from 19 Feb 29, 1929, to 23 Feb 29, 1929, that I last saw him alive on 23 Feb 29, 1929, and that death occurred, on the date stated above, at 7:25 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Broncho Pneumonia

92A
93D
11A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Influence of + Mitral Insuff + myocardial (duration) 2 yrs. mos. ds.

18. WHERE DISEASE CONTRACTED

NOT AT PLACE OF DEATH

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Catholic Cem

20. UNDERTAKER

Dipsos

DATE OF BURIAL

Feb 29 1929

ADDRESS

Trenton

