

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

Do not use this space.

9434

1. PLACE OF DEATH

County Barry
Township Fletcher
City Cassville (No.)

Registration District No. 29
Primary Registration District No. 4021

File No.
Registered No. 9434 St. Ward)

2. FULL NAME Hannah Jane Joslin

(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 Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 4 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 7 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(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) Cassville Ark.

10. NAME OF FATHER Ely Dunlap

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

12. MAIDEN NAME OF MOTHER Samantha Walker

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

14. INFORMANT W.M. Joslin (Address) Cassville Mo

15. FILED April 19 1929 Mrs. N.R. Williams REGISTRAR Dpta

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-12 1929

17. I HEREBY CERTIFY, That I attended deceased from 12/20, 1928, to 3/12, 1929, that I last saw her alive on 3/12, 1929, and that death occurred, on the date stated above, at 4 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile night disease
1290 (duration) yrs. mos. ds. 137H
CONTRIBUTORY Senility (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physicial
(Signed) St. Newman, M. D.
, 19 (Address) Cassville 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 Oak Hill Cem DATE OF BURIAL 3-13 1929
20. UNDERTAKER Horine ADDRESS Cassville

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.

