

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

Do not use this space.

11800

1. PLACE OF DEATH

County Atlin

Registration District No. 668

File No.

Township Lebanon

Primary Registration District No. 3032

Registered No. 79

City Lebanon

(No. 1630 Season Season)

St. Ward)

2. FULL NAME

(a) Residence, No. St.

(Usual place of abode) (If nonresident give city or town and State)

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

M

4. COLOR OR RACE

W

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

Widower

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

Widower

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

Feb 25 - 1898

7. AGE

YEARS

MONTHS

DAYS

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

91

7

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)

Va

10. NAME OF FATHER

Thomas C. Hanley

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Va

12. MAIDEN NAME OF MOTHER

Mary Schery

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Va

14.

INFORMANT (Address)

Chas. Hanley
Lebanon, Mo

15.

FILED 3-28-29 19 29

J. H. Love

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

March 2 19 29

17.

I HEREBY CERTIFY That I attended deceased from

1926 to Feb 2 19 29

that I last saw h. live on Feb 1 19 29, and that death occurred, on the date stated above, at 8:20 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis Chronic

93C

9113

(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Semileth

(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? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. K. Walter M. D.

, 19 (Address) Lebanon, 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

Longwood monday am

Mar 4 19 29

20. UNDERAKER

ADDRESS

Lebanon

Lebanon

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.

