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

Do not use this space.

File No. 16354

Registered No. 4394

1. PLACE OF DEATH

County ..... Registration District No. 79E

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. 6518 South West Ave. St. Ward)

2. FULL NAME Margret Hanley

(a) Residence. No. 6518 Southwest St. 3 Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 28, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	7	17	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Hannibal

(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER John Kain

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

12. MAIDEN NAME OF MOTHER Bridget Knight

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

14. INFORMANT Mrs. Bridget Finnin
(Address) 6518 Southwest Ave

15. FILED APR 15 1929 Mae C Parker REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) apr 14 1929

17. I HEREBY CERTIFY, That I attended deceased from apr 10, 1929, to apr 14, 1929, that I last saw h.er alive on apr 14 1929, and that death occurred, on the date stated above, at 1.40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral apoplexy
82.A
97

(duration) ..... yrs. ..... mos. 4 da.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis

(duration) 5 yrs. ..... mos. ..... da.

18. WHERE WAS DISEASE CONTRACTED? Hinsdale
IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) H. H. Overland, M. D

, 19 (Address) 5930 Southwest Ave

*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 Jerseyville Ill. — DATE OF BURIAL April 17 29

20. UNDERTAKER Jennings Bros Und. — ADDRESS Jerseyville Ill.

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.

En. Cleveland
5920 [illegible]