

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

Do not overfill space  
**18986**

**JUN 27 1929**

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.

**1. PLACE OF DEATH**

County Platte Registration District No. 112 File No. \_\_\_\_\_  
 Township Blackwater Primary Registration District No. 5886 Registered No. Y  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Elizal Overton Hansbrough  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17 = 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
79 9 22

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
 (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) Platte Mo

**10. NAME OF FATHER**

Rever Hansbrough

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Virginia

**12. MAIDEN NAME OF MOTHER**

Mary Lewis

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Mo.

**14. INFORMANT**

Hell Hansbrough  
 (Address) \_\_\_\_\_

**15. FILED**

May 9 1929 J. Lorenz and Taylor  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5 1929

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1929, to May 5, 1929, that I last saw ~~him~~ her alive on May 1, 1929, and that death occurred, on the date stated above, at 2 A. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Apoplexy

**CONTRIBUTORY (SECONDARY)**

**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? exam

(Signed) W.E. Walker, M. D.

, 19 (Address) La Monte 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**

Cemetery near DATE OF BURIAL May 6 1929

**20. UNDERTAKER**

B. F. Parson ADDRESS La Monte

WRITE PLAINLY, WITH INK

