

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

Do not use this space.

23817

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph, Mo. (No. 2321)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 869
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Wathena, Kansas
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 18, 1902
7. AGE YEARS MONTHS DAYS 27 6 1 LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Lineman
(b) General nature of industry, business, or establishment in which employed (or employer) Street Bu. L.H. & B. Company
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Wathena, Kansas
(STATE OR COUNTRY)

10. NAME OF FATHER August Hanks
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Anna Hoffmeyer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

14. INFORMANT Henry Hanks
(Address) Wathena, Kansas

15. FILED 20 1929
REGISTRAR John Galt

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19, 1929
17. Viewed body
I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 5:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental Electrocuted, by falling across a live wire at 2321 Lover's lane St Joseph Mo.
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 1931
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? 1912
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) B. B. Badlock Coroner, M. D.
1/20 1929 (Address) St Joseph 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 Belmont DATE OF BURIAL July 22, 1929

20. UNDERTAKER Sheeman Funeral Home ADDRESS 1946 Colburn

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.

AUG 22 1929

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