SEP 24 1929

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

Do not use this space.

27181

1. PLACE OF DEATH
County: Carroll — Registration District No.: 135
Township: — Primary Registration District No.: 8210
City: Carrollton (No. ... St. ... Ward)

File No.:
Registered No.: 92

2. FULL NAME: Earnest Hannebaum

(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 ... yrs. ... mos. ... ds. How long in U.S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 9-15-1866

7. AGE: Years 62 | Months 11 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Cattle Shipper
(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): Germany

PARENTS
10. NAME OF FATHER: Henry Hannebaum
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Florentine Brandhost
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Ella Hannebaum
(Address): Carrollton, Mo.

15. FILED: 8/23 19 29 Mrs. E. E. Farnham, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 8-23 1929

17. I HEREBY CERTIFY, That I attended deceased from 8-19-29 8-19, 19 29, to 8-23, 19 29 that I last saw h[illegible] alive on 8-23, 19 29, and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremic Poisoning due to Ethers
1/2/13
18/13
1298
(duration) ... yrs. ... mos. 1 ds.
CONTRIBUTORY (SECONDARY) Intestinal Obstruction influenced by Operation
(duration) ... yrs. ... mos. 4 ds.

18. WERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 8/19/29
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. B. Flowers, M. D.
8-23 19 29 (Address) Carrollton 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: 8-25 1929
20. UNDERTAKER: Standley — ADDRESS: Carrollton

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.

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