

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

Do not use this space.

29900

**1. PLACE OF DEATH**

County Washington  
Township Murah  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 887  
Primary Registration District No. 6182

File No. \_\_\_\_\_  
Registered No. 38

**2. FULL NAME**

Velma May Belle Hanbey

(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 7. 4. COLOR OR RACE W. 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) May 26 - 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
2 6

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. none  
(b) General nature of industry, business, or establishment in which employed (or employer). —  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) This Co.  
(STATE OR COUNTRY)

10. NAME OF FATHER Luther Hanbey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) This Co.  
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Rose Barton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Iron Co.  
(STATE OR COUNTRY) Mo.

14. INFORMANT Luther Hanbey  
(Address) Cadet, Mo.

15. FILED 8/3 1929 Jos. L. Thurman  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/2 1929

17. I HEREBY CERTIFY, That I attended deceased from 8/1, 1929, to 8/2, 1929, that I last saw him alive on 8/1, 1929, and that death occurred, on the date stated above, at 10 P. m.

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

Mercusure

160 (duration) yrs. 1 mos. 15 ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) Jos. L. Thurman, M. D.  
8/3, 1929 (Address) Potosi, 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 Cole Cemetery DATE OF BURIAL 8/3 1929

20. UNDERTAKER Spears & Spears ADDRESS Potosi, Mo.

