

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.

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

Do not use this space.

30639

1. PLACE OF DEATH

County Henry
Township Boford
City _____ (No. _____)

Registration District No. 247
Primary Registration District No. 5485

File No. _____
Registered No. 117
St. _____ Ward _____

2. FULL NAME

Hannie Jane Ellen

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
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 Female 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) Oct 31, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 10 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Cooper County
(STATE OR COUNTRY)

10. NAME OF FATHER David E. Eiler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) North Carolina
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Martha Olegsky
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

14. INFORMANT Wm. L. L. L.
(Address) Clinton, Mo.

15. FILED Sept 19 29 Dr. E. C. Reeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/19 1929

17. I HEREBY CERTIFY, That I attended deceased from 9/19 1929 to 7/19 1929
that I last saw h. alive on Sept 7 1929 and that death occurred, on the date stated above, at 11:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy 87 A
arterio sclerosis
(duration) 15 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) apoplexy
(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? no
WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) S. W. Wolfer, M. D.
, 19 _____ (Address) Clinton, 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 Booneville, Mo. DATE OF BURIAL 9/20 1929

20. UNDERTAKER Spore & Son ADDRESS Clinton, Mo.

