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

Do not use this space.

39815

85

1. PLACE OF DEATH

County Buchanan. Registration District No. 1001

Township Primary Registration District No.

City St. Joseph (No. 105 West Buffalo Street. St. Ward)

File No.

Registered No. 1496

2. FULL NAME Hannah Ann Acton

(a) Residence. No. 105 West Buffalo Street 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Macey Acton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 17, 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	56	4	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Own Home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Decatur Co.
(STATE OR COUNTRY) Iowa.

PARENTS

10. NAME OF FATHER Jackson Hill

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Stacey West

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Miller Co.
(STATE OR COUNTRY) Missouri

14. INFORMANT Blanch Acton
(Address) 105 W. Buffalo St. - St Joseph Mo

15. FILED DEC 31 1929 John G. Jost REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 29 1929

17. I HEREBY CERTIFY, That I attended deceased from Viewed on ..., 19..., to ..., 19...
that I last saw h...er alive on ..., 19..., and that death occurred, on the date stated above, at 4/30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

(duration) ...yrs...mos...ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis

(duration) 5 yrs. ...mos. ...ds.

18. WHERE WAS DISEASE CONTRACTED? Well

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? History

(Signed) R.W. Tadlock Coroner, M. D.

Dec. 30 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	DATE OF BURIAL
Ashland Cemetery	Dec. 31 1929
20. UNDERTAKER H.O. Sidenfaden	ADDRESS 1802 Union St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.