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

Do not use this space.

41016

File No. 5925

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 3 3 9

Township: Lee — Primary Registration District No.: 1 0 0 2

City: Kansas City (No. City Hospital St. ..... Ward)

2. FULL NAME Emily Hanlin

(a) Residence. No. 1134 South Hanning St. Ward. (If nonresident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred: 12 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	Negro	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 25 1893

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
36	10	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Maid

(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): Mo

PARENTS

10. NAME OF FATHER: Howard Talbert

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

12. MAIDEN NAME OF MOTHER: Malissa Cannon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Glasgow Mo.

14. INFORMANT: Leonard Clark

(Address) Hospital

15. FILED 12-31-1929 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-31 1929

17. I HEREBY CERTIFY, That I attended deceased from 12-27, 1929, to 12-31, 1929, that I last saw her alive on 12-31, 1929, and that death occurred, on the date stated above, at 12:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute bilateral Pneumonia

118 C.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cause unknown

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Home

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Path + Clinical Findings

(Signed) T. L. Smith, M. D.

12/31, 1929 (Address) Hospital

*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
Blue Ridge Lawn	1-4 1930
20. UNDERTAKER	**ADDRESS**
Geo. A. Vicklin	1209 Vine

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.