MAR 25 1930

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

Do not use this space.

4178

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 248

City St. Joseph, (No. Mercy Hospital St. Ward)

2. FULL NAME Fannie M. Hanna,

(a) Residence. No. St., Ward Clay Center, Kansas,
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

11
5
7

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 8, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	61	5	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home,
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Greencastle,
(STATE OR COUNTRY) Indiana,

PARENTS

10. NAME OF FATHER Abisha Lawton Morrison,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,
12. MAIDEN NAME OF MOTHER Amanda Frances DeMotte
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14. INFORMANT James A. Hanna
(Address) Clay Center, Kansas,

15. FILED FEB 27 1930, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby. 26th 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1930, to Feb 26, 1930 that I last saw her alive on Feb 26, 1930, and that death occurred, on the date stated above, at 12 20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Gall Bladder & Liver
46 Ca
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 44B
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF Feb 20-30
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) O. J. Ureel D.O. M.D.
2/26, 1930 (Address) Corby Building

*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
Clay Center, Kansas,	Feb. 28 1930
20. UNDERTAKER Heaton-BeGole & Bowman Funeral Home	ADDRESS 319 S. 10 St.

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.