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

Do not use this space.
5045 702

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 2 002
City Kansas City Mo (No. 3740 Brooklyn St. Ward)

File No.
Registered No.

2. FULL NAME Margaret E. Hanat
(a) Residence. No. 3740 Brooklyn St. 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 57 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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Peter G. Hanat

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 12 - 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
57	4	2	

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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER John Wirthman
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germeney
12. MAIDEN NAME OF MOTHER Barbara
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germeney

14. INFORMANT Peter G. Hanat
(Address) 3740 Brooklyn

15. FILED 2/15, 1930 M. M. Crowe REGISTRAR
asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 14 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 2 2, 1927, to Feb 14 2, 1930 that I last saw h. alive on Feb 13 1930, and that death occurred, on the date stated above, at 6:15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myo Carditis
Arts
1926
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Hydro - Thorax
(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? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Post Mortem
(Signed) Ira M. Lynch M. D.
Feb 15th, 1930 (Address) 2544 Olive St.

*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 Calvery Cemetery — DATE OF BURIAL Feb 17 1930
20. UNDERTAKER John W Wagner — ADDRESS 1459 Grand Ave

CAUSE OF DEATH in plain words on line 17 — 10 - 235