

At every year of information required by this certificate, the cause of death is very important.

APR 30 1930

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

Do not use this space.

9681

1. PLACE OF DEATH

County Franklin  
 Township Melton  
 City Shirland (No. ....)

Registration District No. 615  
 Primary Registration District No. 3-877

File No. ....  
 Registered No. 8 (Ward)

2. FULL NAME Bulah Hanby

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

Length of residence in city or town where death occurs 22 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 White  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13, 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
22 9 12

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work House Wife  
 (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) Ok.

10. NAME OF FATHER Burford Childress

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

12. MAIDEN NAME OF MOTHER Pearl Luomilla

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

14. INFORMANT (Address) Pearl Childress Picky Ok.

15. 3-29-30 W. S. Chapman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 25 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1930, to Mar 25, 1930, that I last saw him alive on Mar 23, 1930, and that death occurred, on the date stated above, at 9 am.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Child Birth and Purpural Fever - 15th  
 (duration) 14 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 14 (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.....  
 (Signed) Dr. R. F. Cheatum, M. D.

25, 1930 (Address) Diamond 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  
G. A. P. Minn Ok Mar 27 1930

20. UNDERTAKER ADDRESS  
Hurlbut Mfg Co Gopher Mo

