APR 30 1930

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

Do not use this space.

9686

1. PLACE OF DEATH

County Nodaway — Registration District No. 618

Township ~~Nodaway Jct~~ — Primary Registration District No. 4369

City Burlington Jct (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Charles I. Hann

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

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)
M	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Mae Hann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 13, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	61	5	26	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) DesMoines
(STATE OR COUNTRY) Iowa

PARENTS

10. NAME OF FATHER John Hann

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

12. MAIDEN NAME OF MOTHER Nancy Ramey

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

14. INFORMANT J.R. Hann
(Address) Burlington Jct. Mo

15. FILED Mar 13 1930 C. E. Cassius REGISTRAR
April 8-30 - C. P. Fryer M.E.C.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1930 to March 9, 1930 that I last saw him alive on March 9, 1930, and that death occurred, on the date stated above, at 1:55 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

74A1 82H 97

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 3 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? Clinical

(Signed) L. E. Wallace M.D.O.

Mar. 10, 1930 (Address) Burlington Jct., 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
Burlington Jct Mo	3/11/30 19

20. UNDERTAKER	ADDRESS
[signature]	Burlington Jct. Mo

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