APR 30 1930

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

Richards

Do not use this space.

12431

File No.

Registered No. 22

1. PLACE OF DEATH

County Howard

Registration District No. 878

Primary Registration District No. 4222

Township

City Fayette (No. , St. Ward)

2. FULL NAME Robert F. Hanna

(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 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)
Male	White	Widowed

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

6. DATE OF DIRTH (MONTH, DAY AND YEAR) June 27-1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	77	9	10	

8. OCCUPATION OF DECEASED

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

(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) Missouri

PARENTS

10. NAME OF FATHER Alexander F. Hanna

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

12. MAIDEN NAME OF MOTHER Sarah Ann Hull

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

14. INFORMANT Will Hanna
(Address) Fayette, Mo

15. FILED 4/9 19 30 V. O. Bonham
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 7 1930

17. I HEREBY CERTIFY, That I attended deceased from March 30, 1930 to Apr. 7 1930 that I last saw h. alive on 7 Apr. 1930, and that death occurred, on the date stated above, at 1 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Congestion
& Hemorrhage
131
1148 (duration) yrs. mos. 1 ds.
1118
CONTRIBUTORY (SECONDARY) Chronic Interstitial nephritis (duration) 1 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 findings

(Signed) T. E. Richards, M. D.

, 19 (Address) Fayette 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
Fayette City Cemetery	4-9-1930
20. UNDERTAKER	**ADDRESS**
Guy T. Halley	Fayette, Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.