

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

Do not use this space.

23475

**1. PLACE OF DEATH**

County Linn  
Township  
City Brookfield (No. 319)

Registration District No. 496  
Primary Registration District No. 3025  
E. Canal

File No.  
Registered No. 55  
St. 3rd. Ward

**2. FULL NAME** Myron Whitfield Hanna

(a) Residence. No. 319 E. Canal St. 3rd. Ward.

(Usual place of abode)  
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male  
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 Rebecca Z. Hanna

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 8, 1866

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	63	9	24	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Employee C.B. & Q.R.R.  
(b) General nature of industry, business, or establishment in which employed (or employer) Trucker - Fgt. Dept.  
(c) Name of employer C.B. & Q. R.R. Co.

9. BIRTHPLACE (CITY OR TOWN) Lima,  
(STATE OR COUNTRY) New York

10. NAME OF FATHER William Hanna

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Sarah E. Hanna

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Lima New York

14. INFORMANT Rebecca Z. Hanna  
(Address) 319 E. Canal St., Brookfield

15. FILED 7-5-30 Bessie M. Fore REGISTRAR  
Deputy

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2 1930

17. I HEREBY CERTIFY, That I attended deceased from 10-1- 1929, to 7-2- 1930 that I last saw him alive on 7-30-1930, and that death occurred, on the date stated above, at 7:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

cerebral hemorrhage  
Bright's disease  
13210

Tommy Knowlton (duration) yrs. 9 mos. ds.  
CONTRIBUTORY (SECONDARY)

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 none  
(Signed) le J. Jenkins, M. D.

7-5-1930 (Address) Brookfield 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 Rose Hill Cemetery DATE OF BURIAL July 5 1930

20. UNDERTAKER M. Y. Rusk ADDRESS Brookfield Missouri

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.

AUG 26 1930

PARENTS

