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.

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

Do not use this space.

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1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 97
City St.Joseph. (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Harry Seip Hanna
(a) Residence. No. 1104 Olive St. St., 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)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah N.Hanna

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan,21,1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	66	0	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Marker & sorter. 2
(b) General nature of industry, business, or establishment in which employed (or employer) Laundry.
(c) Name of employer Story Laundry Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston,Mo. 1

PARENTS
10. NAME OF FATHER John E.Hanna
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio. 2
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

14. INFORMANT Mrs.Sarah N.Hanna
(Address) 1104 Olive St.

15. FILED JAN 23 1931, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan,22,1931 19

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw him alive on ....., 19....., and that death occurred, on the date stated above, at 6.15 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis (Chronic) *
Myocarditis 131
93C
133 B
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Uremia
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 1104 Olive
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J M Allaman, M. D.
1/24, 1931 (Address) St Joseph 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
Memorial Park Cemetery	Jan,24, 19 31

20. UNDERTAKER	ADDRESS
Walter Meierhoffer	1302 Faraon St.