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

Do not use this space.

10412

1. PLACE OF DEATH

49 County Jasper — Registration District No. 417 — File No.

Township — Primary Registration District No. 3021 — Registered No. 26

11 City Webb City (No. ..... St. ..... Ward)

7 2. FULL NAME Philip O. Hannum

(a) Residence. No. 116 N. Liberty 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.

APR 23 1931

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 Mrs Sophia Hannum

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 6 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
45	6	18	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) 264

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Philip E. Hannum

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Sarah VanPelt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hillsboro
(STATE OR COUNTRY) Ohio 2

14. INFORMANT Mrs Sophia Hannum
(Address) Webb City Mo

15. FILED 2/26, 1931 R. M. Stormont
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 24 1931

17. I HEREBY CERTIFY, That I attended deceased from 3-23, 1921, to 3-24, 1931 that I last saw him alive on 3-24, 1931, and that death occurred, on the date stated above, at 2:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute dilation of heart

108

95D (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Lobar Pneumonia

(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF 3

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [signature] M. D.

3-25, 1931 (Address) Webb City 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
Carthage Mo	Mar 26 1931

20. UNDERTAKER	ADDRESS
Steele Und. Co. Webb	City Mo

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.