

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

Do not use this space.

10721

1. PLACE OF DEATH

64 County Marion Registration District No. 547
 Township Greene Primary Registration District No. 3079
 City Hannibal (No. St. Elizabeth Hospital) St. _____ Ward _____

File No. _____
 Registered No. 82
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 761A Broadway 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
3A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John T. Hart</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 18th, 1858</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>11</u>	DAYS <u>1</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired 1868</u>	11. Total time (years) spent in this occupation. <u>1948</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1110</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
FATHER	13. NAME <u>James July</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Julian 15</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Sullivan</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT <u>Chas Walker</u> (ADDRESS) <u>Hannibal, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's Cem Hannibal</u> DATE <u>3/21/1931</u> (1931)		
19. UNDERTAKER <u>James O'Connell</u> (ADDRESS) <u>Hannibal, Mo</u>		
20. FILED <u>3-23-31</u> <u>C. Cousins</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/19/1931

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1931, to March 19, 1931
 I last saw her alive on Mar 18, 1931. Death is said to have occurred on the date stated above, at 11 a.m.
 The principal cause of death and related causes of importance were as follows:
She rose at night and started across room and fell headlong breaking her left hip.
 Date of onset 3/17/31
 Other contributory causes of importance:
Hypostatic pneumonia
 Name of operation no Date of _____
 What test confirmed diagnosis? Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury Mar 3, 1931
 Where did injury occur? In her house Specify city or town, county, and State)
Hannibal, Mo
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury as above
 Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. S. Ross, M. D.
 (Address) Hannibal, 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.

APR 24 1931

