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.

MAY 21 1931

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

Do not use this space. 4

13074

1. PLACE OF DEATH
County Andrew — Registration District No. 13 — File No. 28
Township — Primary Registration District No. 4010 — Registered No.
City Savannah (No. ..... St. ..... Ward)

2. FULL NAME Hannah E. Ginther
(a) Residence, No. ..... 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23 - 1879

7. AGE: YEARS 81 — MONTHS 3 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Savannah Mo

FATHER
13. NAME Amus Owen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Betsy Ashley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Miss Ethel Ginther Savannah Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Savannah DATE 4 - 17 1931

19. UNDERTAKER (ADDRESS) E. C. Breit Savannah

20. FILED Apr 17 1931 A. J. Jeffries M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr. 11, 1931, to Apr. 15, 1931
I last saw her alive on Apr 14, 1931. Death is said to have occurred on the date stated above, at 4.50 a.m.
The principal cause of death and related causes of importance were as follows:

Influenza before I saw her — Date of onset

11B
15V

Other contributory causes of importance: Old age

116

Name of operation none — Date of —
What test confirmed diagnosis? None — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) J. C. Hoshor, M. D.
(Address) Savannah Mo