

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

Do not use this space.

22465
6

1. PLACE OF DEATH

County Randolph
Township Cairo
City Cairo (No. _____) St. _____ Ward _____

Registration District No. 529
Primary Registration District No. 5963

File No. _____
Registered No. _____

2. FULL NAME

Joseph Edward Hannah

(a) Residence, No. Cairo, Mo. 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>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Isabelle</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 12 - 1866</u>				
7. AGE	YEARS <u>64</u>	MONTHS <u>10</u>	DAYS <u>8</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>Farmer</u>			
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 - 1931

22. I HEREBY CERTIFY That I attended deceased from June 9, 1931, to June 20, 1931
I last saw him alive on June 19, 1931. Death is said to have occurred on the date stated above, at 6:15 P.M.

The principal cause of death and related causes of importance were as follows:
hernia of the feet head
J 52

Date of onset _____

Other contributory causes of importance: _____

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

FATHER

13. NAME Joseph Hannah

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER

15. MAIDEN NAME Isabelle King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Miss Belle Hannah
(ADDRESS) Cairo, Mo. R.F. 2

18. BURIAL, CREMATION OR REMOVAL PLACE Grand Prairie Cemetery, near Cairo Mo. DATE June 22 - 1931

19. UNDERTAKER William J. Tom
(ADDRESS) near Cairo Mo.

20. FILED July 1 1931 J. P. Ball
Registrar

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? no
If so, specify _____
(Signed) John P. Ball, M. D.
(Address) Cairo, Mo.

B.—Every item of information should be carefully checked and classified. Exact statement of OCCUPATION is very important. USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. DATE 29 1931

1234567890
1234567890

1234567890

1234567890

1234567890

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pendolph
Township Cairo
City (No. _____)

Registration District No. 729
Primary Registration District No. 3963

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME

Joseph Edward Hannah

(a) Residence, No. _____ 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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	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)				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19__				
19. UNDERTAKER (ADDRESS)				
20. FILED <u>July 1</u> 19 <u>31</u> <u>Dr. J. P. Allen</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1931

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____ 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

1. Carcinoma of the face & head
Right ear & temple
Secondary ear carcinoma
completely.

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where and 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) _____, M. D.
(Address) _____

SUPPLEMENTARY

N.S. NO. 2. CA. WRITE PLAINLY, WITH UNFADING INK. THIS IS PERMANENT RECORD

REGISTRARS SHALL NOT RECEIVE A FEE FOR THIS STATE UNTIL THEY ARE COMPLETE AS PRESCRIBED IN THE INSTRUCTIONS. INFORMATION SHOULD BE CAREFULLY OBTAINED FROM THE PHYSICIAN. PHYSICIAN'S STATEMENT OF OCCUPATION IS VERY IMPORTANT. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

S-22465