

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

Do not use this space.

28215

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City K6 Mo

Registration District No. ....  
Primary Registration District No. 2  
(No. 2 Mercy Hospital)

File No. ....  
Registered No. 202/111  
St. .... Ward)

**2. FULL NAME** Donald Hanna

(a) Residence. No. .... St. 2 Ward. Butler, Mo.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 5, 1926

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
5 6 29

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Chief  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Bates Co Mo

PARENTS

10. NAME OF FATHER Geo Hanna

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Lola Mc Colvain

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Geo Hanna

(Address) Butler, Mo

15. FILED 8/4 31 M. M. Brown REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/4/31 19

17. I HEREBY CERTIFY, That I attended deceased from 7/10/31, 1931, to 8/4/31, 1931, that I last saw h. alive on 8/4/31, 1931, and that death occurred, on the date stated above, at 9:45 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Purpura Hemorrhagica  
70 A  
70 A (duration) .... yrs. .... mos. .... ds. over 2 months  
111-501 CONTRIBUTORY Acute Pulmonary Edema  
(SECONDARY) (duration) .... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED?**

IF NOT AT PLACE OF DEATH at home  
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 8/1/31 Abdomen  
WAS THERE AN AUTOPSY? Examination of Abdomen  
WHAT TEST CONFIRMED DIAGNOSIS? Exam. Lab  
(Signed) W. M. Howard, M. D.

8/1/1931 (Address) Mercy Hosp.  
\*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  
Butler, Mo 8/5 1931

20. UNDERTAKER ADDRESS  
Culvers Service

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

