

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

Do not use this space.

34350

File No. **4063**
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. B 9 9
Township Kaw Primary Registration District No. B 9 0 2
City Kansas City (No. 3419 Anderson) St. _____ Ward _____

2. FULL NAME Hannah M Hannafin

(a) Residence, No. 3419 Anderson St. 9 Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 4 20

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 17

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

13. NAME John Mahoney

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

15. MAIDEN NAME Nora Stack

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

17. INFORMANT (ADDRESS) Derrick Hannafin 3419 Anderson

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys DATE Oct 6, 1931

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. Linwood & Main K.C. Mo.

20. FILED 10/5 1931 M. M. Corone Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1931 to Oct 3 1931
I last saw her alive on Oct 3 1931 Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

Acute Bronchitis
Secretely 120 74000
Other contributory causes of importance:
Secretely 120 74000
Insular

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) W. F. Samuel M. D.
(Address) 900 Wells Bldg

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.

MISSOURI STATE BOARD OF HEALTH, WITH CONTINUING INTEREST—THIS IS A PERMANENT RECORD

Geo A Hamel
Rialto Bldg
Main 5172.