

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JAN 20 1932

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

Do not use this space.

40143

1. PLACE OF DEATH
County Boone Registration District No. 73
Township Columbia Primary Registration District No. 3006
City (No.) St. _____ Ward _____

2. FULL NAME John P. Hanan
(a) Residence, No. #2 Indiana Ave. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23, 1863

7. AGE YEARS 68 MONTHS 9 DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
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) Missouri

FATHER
13. NAME John D. Hanan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Virginia Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Ida Hanan
(ADDRESS) Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Trainer No. DATE 12-25-31

19. UNDERTAKER W. H. Audeweter
(ADDRESS) Columbia, Mo.

20. FILED 12/29, 1931 F. C. Suggath Registrar.
Galvin

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22-1931

22. I HEREBY CERTIFY, That I attended deceased from 12-22-1931, to 12-22-1931,
I last saw him alive on 12-22-1931 Death is said to have occurred on the date stated above, at 1030 m.
The principal cause of death and related causes of importance were as follows:
72
myocarditis chronic
arterio-sclerotic
disease. 920
Other contributory causes of importance:
Secondary anemia
arterio-sclerosis

Name of operation no Date of _____
What test confirmed diagnosis? laboratory Was there an autopsy? yes

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) Frank E. D. Spence M.D.
(Address) Columbia, Mo.

