

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

Do not use this space.

1775

1. PLACE OF DEATH  
 64 County Marion Registration District No. 547  
 1 Township X Primary Registration District No. 3059  
 8 City Hannibal (No. 1519) Grape St. 4th Ward

2. FULL NAME Napoleon H. Sanner  
 (a) Residence, No. 519 Grape St. 4th 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)

File No. \_\_\_\_\_  
 Registered No. 27  
 St. 4th Ward

**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 Ottillie K. Sanner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12, 1861

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
70	2	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Repair (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Burlington Shop

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) no data (STATE OR COUNTRY) Illinois 2

13. NAME Jonathan Sanner 8

14. BIRTHPLACE (CITY OR TOWN) no data (STATE OR COUNTRY) no data 31

15. MAIDEN NAME Mary Hig

16. BIRTHPLACE (CITY OR TOWN) no data (STATE OR COUNTRY) Canada 5

17. INFORMANT Ottillie Sanner, Wife (ADDRESS) 1519 Grape Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Olive DATE Jan 28, 1932

19. UNDERTAKER Wm M. Smith (ADDRESS) 902 Bdry, Hannibal, Mo

20. FILED Jan 29, 1932 W. E. Cousins Registrar.

**MEDICAL CERTIFICATE OF DEATH**

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Jan 26, 1932  
 I last saw him alive on Jan 24, 1932. Death is said to have occurred on the date stated above, at 10:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Softening of brain Date of onset 1930  
Pneumonia Jan 15, 1932

Other contributory causes of importance: Pneumonia

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) A. J. Shuck, M. D.  
 (Address) Hannibal, Mo

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.

SEP 24 1932

