

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

Do not use this space.

5401

1. PLACE OF DEATH

County Merion Registration District No. 547
Township Masson Primary Registration District No. 3029
City Hannibal (No. 2122 Place) St. 6 Ward

File No. _____
Registered No. 65 St. 6 Ward

2. FULL NAME

(a) Residence, No. 9122 Place St. 6 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Patrick Curran</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 26 1886</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>6</u>
	DAYS <u>2</u>	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.	<u>Retired</u>
	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)
Deaton Ill 2

13. NAME
John Denton

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

15. MAIDEN NAME
Larah Morgan

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

17. INFORMANT (ADDRESS)
Mr. R. F. O'Brien Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Mo. DATE 9-1-32

19. UNDERTAKER (ADDRESS)
James Donnell Hannibal Mo.

20. FILED Feb 29 1932 James Donnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-23, 1931, to 2-28, 1932

I last saw him alive on 2-28, 1932 Death is said to have occurred on the date stated above, at 7:45 p.m.

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

Cerebral hemorrhage Date of onset 1929
930
930
Other contributory causes of importance:
Circulatory failure 12-31
(chronic, raditis)

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) Harold Sadler 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.

MAR 24 1932

