

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

Do not use this space.

22677



1. PLACE OF DEATH

County Jackson
Township Pt. Osage
City Buckner (No.) St. Ward)

Registration District No. 39 1/2
Primary Registration District No. 4230

File No.
Registered No. 15

2. FULL NAME

Fred J Hanford

(a) Residence, No. with Mrs. Hattie Micheals Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 2 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 M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12. 1866

7. AGE YEARS 65 MONTHS 9 DAYS 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RR brakeman 15 yrs Farmer last 20 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm 99

10. Date deceased last worked at this occupation (month and year) 1927 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known N.Y. State 2

13. NAME John Hanford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known N.Y. State

15. MAIDEN NAME Susan Owens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known N.Y. State

17. INFORMANT (ADDRESS) Mrs. Hattie Michaels Buckner Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Buckner Cem. DATE July 15 1932

19. UNDERTAKER (ADDRESS) V. M. Reppert. Buckner Mo.

20. FILED 8-10 1932 W. D. Mandeloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1932

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1932 to July 14, 1932. I last saw him alive on July 14, 1932. Death is said to have occurred on the date stated above, at 9:30 PM. The principal cause of death and related causes of importance were as follows:

Acute Dysentery
130 130

Date of onset July 10, 1932

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? X Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19X.
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. X
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify X
(Signed) J. W. Palentine, M. D.
(Address) Buckner Mo.

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.

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

AUG 24 1932

48
1
19

