

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

Do not use this space.

26904

1. PLACE OF DEATH  
 74 County Nodaway Registration District No. 627  
 Township Union Primary Registration District No. 5879  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James F. Hanna  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ 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 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 Mary E. Hanna

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 9<sup>th</sup> 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<u>70</u>	<u>5</u>	<u>20</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 186

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 181

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 82

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nodaway Co. Mo.

MOTHER FATHER

13. NAME Henry Hanna

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

15. MAIDEN NAME Jane Neal

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

17. INFORMANT (ADDRESS) Mary E. Hanna Pickering Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE White Olive Cem DATE Sept 1<sup>st</sup> 1932

19. UNDERTAKER (ADDRESS) Price Furniture Co, Maryville Mo

20. FILED Sept 1, 1932 Mrs. H. C. Smith Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29<sup>th</sup> 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1929, to Aug 29<sup>th</sup> 1932

I last saw him alive on Aug 29<sup>th</sup> 1932 Death is said to have occurred on the date stated above, at 1:15 P.m.

The principal cause of death and related causes of importance were as follows:  
Injury of spine resulting in paralysis of lower half of body (accidental) 1929  
186  
 Other contributory causes of importance: Accidental injury same region 1885

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Ex. P. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury Nov 1929  
 Where did injury occur? Nodaway Co. Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. At home  
 Manner of injury Fell from tree  
 Nature of injury Crushed old injury in spine

24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify Both injuries recd. at farm work  
 (Signed) Erwan L. Brownson M. D.  
 (Address) Pickering 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.

OCT 28 1932

