

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

Do not use this space.

27989

1. PLACE OF DEATH

County St. Louis

Registration District No. 701

Township 4467

Primary Registration District No. 701

City Harlem

(No. 4467)

File No. 7872

Registered No. 7872

St. 10

Ward

2. FULL NAME

(a) Residence, No. 4467

(Usual place of abode)

St. 10

Ward

(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

Martha Perrin Hanley

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

May 26 - 1854

7. AGE

YEARS

78

MONTHS

3

DAYS

2

If LESS than 1 day, ... hrs. or min.

OCCUPATION

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

Stone-Cutter

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)

England

FATHER

13. NAME

Martin Hanley

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

England

MOTHER

15. MAIDEN NAME

Elizabeth Scanlon

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

England

17. INFORMANT (ADDRESS)

Martha Hanley

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Calvary

DATE

Aug 31 1932

19. UNDERTAKER (ADDRESS)

Slisot & Carroll

20. FILED AUG 29 1932

Max C. Hanley

Registrar

3 MEDICAL CERTIFICATE OF DEATH

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

Aug 28 1932

22. I HEREBY CERTIFY, That I attended deceased from

Aug 12, 1932 to Aug 28, 1932

I last saw him alive on Aug 28, 1932. Death is said

to have occurred on the date stated above, at 12:30 p.m.

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

Hypertrophic Atherosclerosis of Arteries, Stomach Ulcer

Other contributory causes of importance:

Anemia - Senility

Name of operation..... Date of.....

What test confirmed diagnosis Clinical..... 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? No.....

If so, specify.....

(Signed) L. B. Walker M.D., M. D.

(Address) 4425 New Bridge

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.

