

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

Do not use this space.

29727

1. PLACE OF DEATH

58 County Linn
1 Township Mosfield
7 City (No. 1210 N Main

Registration District No. 496
Primary Registration District No. 3025

File No. _____
Registered No. 76
St. 1st Ward

2. FULL NAME

(a) Residence, No. 1210 N Main St. _____ Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE		SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
	<u>Female</u>	<u>White</u>	<u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>E. H. HANAWAN</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 4 - 1883</u>				
AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>48</u>	<u>11</u>	<u>29</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Houswife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Nov 1 - 1931</u>		11. Total time (years) spent in this occupation <u>40</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Parkville mo</u>				
FATHER	13. NAME <u>Sidney Brandon</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sons know</u>			
MOTHER	15. MAIDEN NAME <u>Rebecca Thompson</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sons know</u>			
17. INFORMANT <u>E. H. HANAWAN</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rose Hill</u> DATE <u>Sept 5 1932</u>				
19. UNDERTAKER <u>Shuster, Rollins</u> (ADDRESS) <u>Mosfield mo</u>				
20. FILED <u>Aug 5 1932</u> <u>E. J. Jenkins</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 3 - 1932

22. I HEREBY CERTIFY That I attended deceased from Nov 4 1931 to Sept 3 1932
I last saw her alive on Sept 3 1932 Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:
Central Hemorrhage Date of onset 9/2/32
DVA
J. P. H.
Other contributory causes of importance:
Brain Central Hemorrhage (D) 11/7/32

Name of operation _____ Date of _____
What test confirmed diagnosis? Tissue 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) E. J. Jenkins M. D.
(Address) Mosfield 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.

OCT 26 1932

