

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.

JAN 9 1932

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

Do not use this space.

36558

1. PLACE OF DEATH
 74 County Nodaway Registration District No. 624
 Township Hopkins Primary Registration District No. 5826
 City Hopkins (No. _____) St. _____ Ward _____

2. FULL NAME Charlie Hanna
 (a) Residence, No. Hopkins St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 54 yrs. mos. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 5 18

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

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) Yubahton 2 Illinois

FATHER
 13. NAME James Hanna
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yubahton 2 Ireland

MOTHER
 15. MAIDEN NAME Bridget O'Halloran
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yubahton 2 Ireland

17. INFORMANT Irvin Hanna
 (ADDRESS) Hopkins Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hopkins Cemetery DATE Nov. 19 1932

19. UNDERTAKER J. H. [unclear]
 (ADDRESS) Hopkins Mo

20. FILED 11/17 1932 O. H. [unclear]
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 17 1932, to _____, 19____
 I last saw him alive on 11/15/32, 19____. Death is said to have occurred on the date stated above, at 1:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset 11/17/32
Arteriosclerosis
82A
97 J. H. [unclear]

Other contributory causes of importance:
Arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? No

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) O. H. [unclear] M. D.
 (Address) Hopkins Mo

