

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

Do not use this space.

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 1933

1. PLACE OF DEATH
 2. County Christian Registration District No. 182
 2 Township Lincoln Primary Registration District No. 4108
 1 City Clever (No. _____) St. _____ Ward _____
 2. FULL NAME Hannah Thomas Cardin
 (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.

File No. 38897
 Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. S. Cardin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-10-1851
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 6 21
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....
 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) Kentucky
 FATHER 13. NAME David Phillips
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.
 MOTHER 15. MAIDEN NAME Mary Ann Hanley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.
 17. INFORMANT Mrs. Wilbur Cardin
 (ADDRESS) Cleves, Mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Wise Hill DATE Dec. 3- 1932
 19. UNDERTAKER J. W. Maples
 (ADDRESS) Cleves, Mo
 20. FILED 12-10 1932 A. A. Maples
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2- 1932
 22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1932, to Dec 1, 1932
 I last saw her alive on Dec 1, 1932 Death is said to have occurred on the date stated above, at R. A. m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset Nov 25
apoplexia
82A
162
 Other contributory causes of importance: old age & Senescent debility
 Name of operation _____ Date of _____
 What test confirmed diagnosis? None 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? No
 If so, specify _____
 (Signed) J. W. Maples M. D.
 (Address) Cleves, Mo

