

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

Do not use this space.

40647

1. PLACE OF DEATH

County Mason
Township Mason
City Hannibal (No.)

Registration District No. 547
Primary Registration District No. 3079

File No.
Registered No. 321
St. 6th Ward

2. FULL NAME

(a) Residence, No. St. Ward. Florida, Mo.
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 14 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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1858

7. AGE YEARS 74 MONTHS 7 DAYS 20 If LESS than 1 day, hrs. min.

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

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) About 10 weeks ago 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florida Mo.

13. NAME Clasac Greening

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Mo.

15. MAIDEN NAME Martha Allen Ranzdale

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

17. INFORMANT Mrs. Hubert Foster (ADDRESS) Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bury, Mo. DATE Dec. 17, 1932

19. UNDERTAKER Ray R. Williams (ADDRESS) Hannibal, Mo.

20. FILED Dec. 18, 1932 E. M. Lude Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1933, to Dec. 17, 1932

I last saw him alive on Dec. 17, 1932. Death is said to have occurred on the date stated above, at 4 P. M.

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

Cerebral Hemorrhage
about Oct 14, 1932
None

Name of operation Date of

What test confirmed diagnosis? 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) R. A. Ruller, M. D.

(Address) Hannibal, 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.

