MAR 27 1933

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

Do not use this space.

4889

1. PLACE OF DEATH
County: Carroll — Registration District No. 135
Township: Carrollton — Primary Registration District No. ~~3-5-18~~ 3-5-18
City: Carrollton (No. ..... St. ..... Ward)

File No. .....
Registered No. 18

2. FULL NAME: Mrs Martha Roberts Hanaman

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Tom Hanaman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 29-1879

7. AGE: Years 53 — Months 10 — Days 27 — If LESS than 1 day, ... hrs. or ..... min.

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.: Home Keeper
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): Ill

FATHER
13. NAME: J. E. Huteson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Mitta Garrett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT (ADDRESS): Tom Hanaman Bosworth Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Warm — DATE: Feb 28, 1933

19. UNDERTAKER (ADDRESS): Chris Espand Bosworth Mo

20. FILED 2-28, 1933 Mrs E. E. Farnham, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1933, to Feb. 26, 1933
I last saw him alive on 2-26, 1933. Death is said to have occurred on the date stated above, at 12:20 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	
Peritonitis	
Toxic	

Other contributory causes of importance: .....

Name of operation: Appendicitis — Date of: Feb 19 33
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) H. A. Kenison, M. D.
(Address) Carrollton Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 2