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

Do not use this space.

10502

1. PLACE OF DEATH
County Nodaway — Registration District No. 625 — File No.
Township — Primary Registration District No. 3031 — Registered No. 30
City Maryville (No. , St. Ward)

74

2. FULL NAME Thana Hope
(a) Residence, No. 315 W. 2nd. 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. C. Hope
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30, 1847
7. AGE YEARS 85 MONTHS 4 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Ill.

FATHER
13. NAME Wm. Bradley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Nancy Webb
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Fannie Hope Maryville, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Elk City, Kans DATE Mar. 5, 1933
19. UNDERTAKER (ADDRESS) Price Furniture Co. Maryville, Mo
20. FILED 3-4, 1933 Mamie E. Clardy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 4th, 1933
22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1931, to Mar 4th, 1933
I last saw her alive on Mar 4th, 1933 Death is said to have occurred on the date stated above, at 11:25 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Mar 1st 33

Other contributory causes of importance:
Senility

Name of operation — Date of —
What test confirmed diagnosis? Symptoms. 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) Chas. V. Martin, M. D.
(Address) Maryville, Mo.

APR 24 1933

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

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2