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

Do not use this space.

File No. 16343

Registered No. 16

1. PLACE OF DEATH
County Henry
Township x
City Windsor (No. ..., ... St. ... Ward)

Registration District No. 14
Primary Registration District No. 4211

2. FULL NAME Mrs Grace Hanning

(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 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Will H. Hanning
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 28-1906
7. AGE: YEARS 27, MONTHS 1, DAYS 0. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoe maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shoe Factory
10. Date deceased last worked at this occupation (month and year): One day ago
11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Green Ridge Missouri

FATHER
13. NAME: George Goodwin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Warsaw Missouri

MOTHER
15. MAIDEN NAME: Rosy Leslie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Leesville Mo

17. INFORMANT: Mr Will Hanning
(ADDRESS) Windsor, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hickory Point DATE May 30-33, 19

19. UNDERTAKER: HUSTON'S FUNERAL CHAPEL
(ADDRESS) Windsor, Mo.

20. FILED May 30, 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28-33, 19

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1933, to May 28, 1933

I last saw h er dead on May 28, 1933 Death is said to have occurred on the date stated above, at 3:00 p m.

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

Date of onset

200A
2000

Other contributory causes of importance: Heart q mal

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? no
If so, specify ...

(Signed) T. A. Blackmore, M. D.
(Address) Windsor, Mo

Margin: 343 8 2 — JUN 22 — 86

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