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.

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

Do not use this space.

19898

File No.

Registered No. 2614

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 3932 McGee St. Ward)

2. FULL NAME Judith Joyce Hanna

(a) Residence, No. 3932 McGee 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: Female

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: Thomas King Hanna

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 17, 1836

7. AGE: YEARS 97 — MONTHS 2 — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

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): Hanover Indiana

FATHER

13. NAME: Joseph Venable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No information

MOTHER

15. MAIDEN NAME: Jane Cowan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No information

17. INFORMANT (ADDRESS): John V. Hanna 3932 McGee St

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Wh. Washington Cemetery DATE: 6 1933

19. UNDERTAKER (ADDRESS): Stine & McClure 3235 Gillham Place

20. FILED 6-23, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw her alive on June 22, 1933. Death is said to have occurred on the date stated above, at A. m. 1:30

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

	Date of onset
Chronic Myocarditis	
Arteriosclerosis	
1860	
Other contributory causes of importance:	5
Fracture Hip May 1932	
Ununited fracture of Surg neck femur	

Name of operation: None — Date of

What test confirmed diagnosis? Fair — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Acc — Date of injury May, 1932

Where did injury occur? Residence (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Her home

Manner of injury: Fall on rug

Nature of injury: Fractured hip. Surg neck femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) 1318 Bryant Bldg

Dr. [illegible]