

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

Do not use this space.

**20224**

**1. PLACE OF DEATH**

County Lafayette  
Township Davis  
City Higginsville, (No. 4)  
Ralph Hank

Registration District No. 460  
Primary Registration District No. 4274

File No. \_\_\_\_\_  
Registered No. 45 \_\_\_\_\_  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23rd 1918

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>14</u>	<u>10</u>	<u>2</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>None</u>
	10. Date deceased last worked at this occupation (month and year) <u>Never worked</u>	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Higginsville, Mo.  
(STATE OR COUNTRY)

FATHER 13. NAME Henry Hank

FATHER 14. BIRTHPLACE (CITY OR TOWN) Corder, Mo.  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mamie Hellicker

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Waverly, Mo.  
(STATE OR COUNTRY)

17. INFORMANT Henry Hank  
(ADDRESS) Higginsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 6/27/33 19

19. UNDERTAKER W. S. Schuler  
(ADDRESS) Higginsville, Mo.

20. FILED 6-27- 1933 Dr. W. A. Braecklein  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1933, to June 25, 1933

I last saw him alive on June 20, 1933. Death is said to have occurred on the date stated above, at 1:50 a.m.

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

Myocardial infarction Date of onset 1919

15 TB

15 TB

Other contributory causes of importance: \_\_\_\_\_

Name of operation No Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical findings 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) W. S. Schuler, M. D.  
(Address) Higginsville, 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.

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