

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

Do not use this space.

20357

1. PLACE OF DEATH

County *Mason*
Township *Mason*
City *Hannibal* (No. *408*)

Registration District No. *547*
Primary Registration District No. *3079*
Rock

File No. _____
Registered No. *17*
St. *1* Ward

2. FULL NAME

(a) Residence, No. *409 Rock* St. *1* Ward.

(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 (write the word) *Single*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 21 - 1862*
7. AGE YEARS *71* MONTHS *1* DAYS *13* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Farmer*
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) *1918* 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pike Co. Mo.*

13. NAME *William Denmark*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wisconsin*
15. MAIDEN NAME *May Miller*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wisconsin*

17. INFORMANT (ADDRESS) *R. B. Denmark, Hannibal Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Clarks Hill Cemetery June 6 - 1933*

19. UNDERTAKER (ADDRESS) *Ray R. Schwartz, Hannibal Mo.*

20. FILED *June 6 1933* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 4 - 1933*
22. I HEREBY CERTIFY that I attended deceased from *4-4*, 19*33* to *6-4*, 19*33*
I last saw him alive on *4-4*, 19*33* Death is said to have occurred on the date stated above, at *11:30 P.M.*

The principal cause of death and related causes of importance were as follows:
Carcinomatosis Date of onset *1932*
595 53

Other contributory causes of importance:
Carcinoma of cervical glands

Name of operation _____ Date of _____
What test confirmed diagnosis? *no* 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) *J. H. Hardesty*, M. D.
(Address) *Hannibal Mo.*

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.

Jul 23 1933

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J. H. Hardesty

