

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

Do not use this space.

26484

3223

1. PLACE OF DEATH

County JACKSON Registration District No. _____
Township KAW Primary Registration District No. _____
City KANSAS CITY (No. 2116 - EAST - 68TH) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

MRS. NETTIE B HANLEY

(a) Residence, No. 2116 - EAST - 68TH St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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 (OR) WIFE OF JOHN J. HANLEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY 18 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>50</u>	<u>5</u>	<u>27</u>	

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) INDIANAPOLIS
(STATE OR COUNTRY) INDIANA

13. NAME DAVID H. BRISTOW

14. BIRTHPLACE (CITY OR TOWN) INDIANAPOLIS
(STATE OR COUNTRY) INDIANA

15. MAIDEN NAME CLARA B. COTTON

16. BIRTHPLACE (CITY OR TOWN) FISHER STATION
(STATE OR COUNTRY) INDIANA

17. INFORMANT MR. JOHN J. HANLEY
(ADDRESS) 2116 - EAST - 68TH ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE AUGUST 14 1933

19. UNDERTAKER D. W. NEWCOMERS SONS
(ADDRESS) 2111 - EAST - 9TH ST.

20. FILED Aug 22 1933 m m crome
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST 11 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1932 to August 11 1933
I last saw her alive on Aug 9 1933 Death is said to have occurred on the date stated above, at 3:25 P.M.

The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
Hypertension
Date of onset 8-3-33

Name of operation _____ Date of _____
What test confirmed diagnosis? K Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury Aug 11 1933
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. Bohan M. D.
(Address) Medical Arts Bldg 1/2 C. Ave

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.

SEP 26 1933

MOTHER FATHER 2 2 2 2

Dr. J. J. Rohan

906 Medical Arts Bldg.

12:30 - 5:30