

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

Do not use this space.

41072

PLACE OF DEATH

County Ralls
Township Center
City Center (No. _____)

Registration District No. 725
Primary Registration District No. 4431

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Hannah Ann Warcup
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William H Warcup
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 - 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 11 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Illinois

MOTHER 13. NAME Berj Cowington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Marry Malon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT William M. Ball
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Murrayville, Ill DATE Dec 18 1933

19. UNDERTAKER (ADDRESS) W. H. Couch

FILED Dec 17 1933 J. T. Howard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1933, to Dec. 16, 1933
I last saw her alive on Dec. 16, 1933. Death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis (coronary) Date of onset 3-5 yrs

Other contributory causes of importance

Name of operation None Date of _____

What test confirmed diagnosis? None 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. H. Ball, M. D.
(Address) Center, Mo.

