

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

Do not use this space.

2381

65 27 1934

1. PLACE OF DEATH
 County St. Louis Registration District No. 333 784
 Township St. Ferdinand Primary Registration District No. 4468 b
 City Floissant, Mo. Maple Ave St. _____ Ward _____

2. FULL NAME Frances A. Hanly
 (a) Residence, No. Rout 3 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

MEDICAL CERTIFICATE OF DEATH

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 OR (OR) WIFE OF the late W. A. Hanly
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 8 = 1845
 7. AGE YEARS 88 MONTHS 10 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 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) Wisconsin
 FATHER
 13. NAME John Morrison
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin
 MOTHER
 15. MAIDEN NAME Adeline Staddard
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin
 17. INFORMANT Edmund J. Hanly
 (ADDRESS) Floissant, Mo.
 18. BURIAL, CREMATION, OR REMOVAL St. Ferdinand Cem. Jan. 22, 1934
 19. UNDERTAKER W. Cleary
 (ADDRESS) 255 Holliman Ave
 20. FILED Jan 20 - 1934 Mr. A. Zuttler
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18, 1934
 22. I HEREBY CERTIFY That I attended deceased from Sept 14, 1933 to Jan 18, 1934
 I last saw her alive on Jan 18, 1934. Death is said to have occurred on the date stated above, at 10:40 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis 2 years
131
1325
 Other contributory causes of importance 3 days
131
 Name of operation none Date of _____
 What test confirmed diagnosis? urinalysis 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 of injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Ornt. H. Olfson, M. D.
 (Address) 317 B. Olive St.

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.

