

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.

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

Do not use this space.

MAR 24 1934

7393

1. PLACE OF DEATH
91 County Saline Registration District No. 791
Township _____ Primary Registration District No. 3038
City Marshall, Mo. (No. 1) St. Stephens Hosp. (Ward) _____
2. FULL NAME William L. Hanley
(a) Residence, No. _____ 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 (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1907
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 2 20
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. shoe factory
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. stock fitting Dept.
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) Marshall, Mo.
13. NAME Michel A. Hanley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
15. MAIDEN NAME Jane Holmes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
17. INFORMANT Michel Hanley, Mother
(ADDRESS) Marshall, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridge Cemetery DATE Feb 3, 1934
19. UNDERTAKER J. L. Surber
(ADDRESS) Marshall, Mo.
20. FILED 2/2/34 1934 Marshall, Mo. Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1, 1934
22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1933 to Feb 1, 1934
I last saw him alive on Feb 1, 1934 Death is said to have occurred on the date stated above, at 12:45 pm.
The principal cause of death and related causes of importance were as follows:
Acute Endocarditis
Acute Myocarditis
Other contributory causes of importance: Ch. Nephritis
Date of onset _____
(Name of operation) none Date of _____
What test confirmed diagnosis? Plumeral 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) Wm. L. Surber, M. D.
(Address) Marshall, Mo.

