

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

Do not use this space.

9442

1. PLACE OF DEATH

County Johnson Registration District No. 429
 Township Montserrat Primary Registration District No. 4255
 City Monticello (No. 1) St. _____ Ward _____

File No. 4
 Registered No. _____

2. FULL NAME

Sarah Jaunita Hanna
 (a) Residence, No. _____ 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

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-6-1926

7. AGE YEARS 8 MONTHS 1 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 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) Johnson Co. Mo

MOTHER FATHER 13. NAME Chas. Hanna G

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co

15. MAIDEN NAME Eva Balis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co

17. INFORMANT Chas Hanna (ADDRESS) Montserrat Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Knott Hosp Mo DATE Feb-5 1934

19. UNDERTAKER (ADDRESS) C. Sauls Knott Hosp Mo

20. FILED Mch 4 1934 J. Koch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1934 to March 3 1934
 Last saw her alive on March 3 1934 Death is said to have occurred on the date stated above, at 1:00 p. m.
 The principal cause of death and related causes of importance were as follows:

13 Pleural Pneumonia Date of onset 10/10/29
 Other contributor causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis Clinical 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. Hoover M. D.
 (Address) Knott Hosp, Mo

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 1934

