

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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) Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29 - 1881		
7. AGE	YEARS 83	MONTHS 3
	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.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Domestic
	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) Morgan Co. Missouri		
FATHER	13. NAME Richard Roney	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky	
MOTHER	15. MAIDEN NAME Margaret Hamilton	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky	
17. INFORMANT + Hattie E. Pister (ADDRESS) Hannibal Mo.		
18. BURIAL, CREMATION, OR BURNING PLACE Shelbyville DATE 5/10 1934		
19. UNDERTAKER (ADDRESS) J. A. Brown Hannibal Mo.		
20. FILED 5/10 1934 Mrs. A. Wood Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 9th 1934

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1934 to May 9, 1934. I last saw alive on April 19, 1934. Death is said to have occurred on the date stated above, at 11:30 a.m. The principal cause of death and related causes of importance were as follows:
Multiple embolism & myocardial infarction
5781

Other contributory causes of importance:
93d1

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
If so, specify.....
(Signed) J. A. Brown, M. D.
(Address) Hannibal, Mo.

19192

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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.

PERMANENT RECORD

