

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

SEP 13 1934

791

1003

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City ST. LOUIS, MO.

(No. 4317

MARYLAND

Do not use this space.

30943

8208

File No.....

Registered No.....

St. Ward)

2. FULL NAME ANNA JOSEPHINE HANLEY

(a) Residence, No. 4317 MARYLAND
(Usual place of abode)

St. 19 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

F

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF: JOHN P. HANLEY

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

APRIL 1, 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

69

4

7

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

HOUSEWIFE

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)

ST. LOUIS
MO.

MOTHER FATHER

13. NAME

F. LEYDEN

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

IRELAND

15. MAIDEN NAME

ANN LARKIN

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

IRELAND

17. INFORMANT

WILLIAM HANLEY

(ADDRESS)

4317 MARYLAND

18. BURIAL, CREMATION, OR REMOVAL

PLACE CALVARY CEM.

DATE AUG. 11, 1934

19. UNDERTAKER

MULLEN BROS.

(ADDRESS)

4259 LINDELL BLVD

20. FILED

AUG 10 1934

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

Aug 8th • 1934

22. I HEREBY CERTIFY, That I attended deceased from

July 26th 1934 to Aug 8th 1934

Last saw him alive on Aug 6th 1934 Death is said

to have occurred on the date stated above, 6th m.

The principal cause of death and related causes of importance were, as follows:

Cerebral hemorrhage (left) Date of onset

82A 97

Other contributory causes of importance:

Arterio Sclerosis

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)..... M. D.

(Address).....

