

OCT 1 2 1934

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

Do not use this space.

32446

1. PLACE OF DEATH

36 County Franklin
Township Central
City (No.)

Registration District No. 294
Primary Registration District No. 5409B

File No.
Registered No.
St. Ward)

2. FULL NAME

Louise Marie Hanneker
(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. 2 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 28 1920</u>		
7. AGE	YEARS	MONTHS
	<u>14</u>	<u>2</u>
		DAYS
		<u>20</u>
		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.	
	10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Moelle mo</u>		
FATHER	13. NAME <u>W. J. Hanneker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Moelle mo</u>	
MOTHER	15. MAIDEN NAME <u>Annis Zieger</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Moelle mo</u>	
17. INFORMANT (ADDRESS) <u>W. J. Hanneker Moelle, mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marys Cem.</u> DATE <u>Sept 26 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. Casey & Co. St. Clair mo</u>		
20. FILED <u>Sept 26 1934</u> <u>W. J. Hanneker</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19....., to , 19.....
I last saw h..... alive on , 19..... Death is said to have occurred on the date stated above, at 8:30 A.m.
The principal cause of death and related causes of importance were as follows:
accidental drowning Date of onset 165
21 1/2 / 165
Other contributory causes of importance:
While walking across a foot bridge with five other school children and cable supporting bridge broke and said girl fell into water.
Name of operation Date of
What test confirmed diagnosis? autopsical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide accident 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) E. L. Worthington coroner, M. D.
(Address) Labadie mo.

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.

WHITE PAPER, WITH IMPROVED INSTRUMENTS IS A PERMANENT RECORD

