DEC 18 1934

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

Do not use this space.

File No. 40096

Registered No.

1. PLACE OF DEATH

County: Monroe

Township: Clay

City: (No. St. Ward)

Registration District No. 578

Primary Registration District No. 5782

2. FULL NAME Iden Mae Hanger

(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*): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Marshall Hanger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6/6/1880

7. AGE: Years 54 | Months 4 | Days 5 | If LESS than 1 day, hrs. or min.

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: 22

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shelby Co. Mo

FATHER

13. NAME: Geo. Ridgeway

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Randolph Co Mo

MOTHER

15. MAIDEN NAME: Amy Larrick

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

17. INFORMANT (ADDRESS): J. M. Hanger Shamrock Mo R R

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Clarence Mo. DATE: Nov 2 1934

19. UNDERTAKER (ADDRESS): Fred A. Thompson Madison Mo

20. FILED: 11/2 1934 J. Lee Evans, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11/1 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1934 to Nov 1 1934 I last saw h alive on 19, 19. Death is said to have occurred on the date stated above, at 1:30 a. m.

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

From Pleurisy I felt that my lungs had been severely strained since I had been sick.

Date of onset

Other contributory causes of importance:

Was very much over weight

(A) Name of operation: None 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) J. A. Thomas, M. D.

(Address) Shelbina 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.