

JUN 20 1935

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

Do not use this space.

864-1

1. PLACE OF DEATH

County Gentry  
Township Boyle  
City Albany (No. ....)

Registration District No. 311  
Primary Registration District No. 1480

File No. ....  
Registered No. ....  
St. .... Ward

2. FULL NAME

Hannah Mae Hest Hise

(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 A. S. Hise

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
68 7 80

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer's wife  
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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co Ind.

MOTHER FATHER 13. NAME John Long

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co Ind

MOTHER 15. MAIDEN NAME Susan Cadle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co Ind.

17. INFORMANT Mary Jones (ADDRESS) Gentry Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Jan 2 1935

19. UNDERTAKER Newt Long (ADDRESS) Karverwood Mo.

20. FILED June 10, 1935 Mrs C. Howell Cannon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 1 1935 to Jan 2 1935

Last saw her alive on Jan 1 1935 Death is said to have occurred on the date stated above, at 11:04 a.m.

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

Coronary thrombosis Date of onset 12 26 34

Other contributory causes of importance arterio sclerosis

Name of operation None Date of None

What test confirmed diagnosis Spec. Ex. 1004 Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify None

(Signed) S. J. Ross M. D.

(Address) Gentry 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.

