WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 16 1935

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

Do not use this space.

1829-1

1. PLACE OF DEATH

52 County Knox — Registration District No. 443 — File No.

Township Lyons — Primary Registration District No. 5601B — Registered No.

City Hurdland (No. , St. Ward)

2. FULL NAME James Carlisle Hannah

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 15, 1894

7. AGE — YEARS: 40 — MONTHS: 9 — DAYS: 18 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Jan. 3, 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hurdland Mo

FATHER

13. NAME James Hannah

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

MOTHER

15. MAIDEN NAME Sarah Fisher

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

17. INFORMANT (ADDRESS) Dale Hannah

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hurdland DATE Jan 5, 1935

19. UNDERTAKER (ADDRESS) J. H. Treuhart Edina Mo

20. FILED Jan 4, 1935 Geo B Easley Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19, to Jan 3, 1935

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 11 P m.

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

Coronary Thrombosis — Date of onset

94b

Other contributory causes of importance:

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) G. A. Schuetz D.O. ~~M.D.~~

(Address) Hurdland Mo