

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

Do not use this space.

**JUN 28 1935**

**789**

**17680**

1. PLACE OF DEATH  
 County St. Louis Registration District No. \_\_\_\_\_  
 Township Central Primary Registration District No. 6033  
 City Normandy, Mo. (No. 7626 Natural Bridge Rd. St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Adaline Hanly.  
 (a) Residence, No. 7626 Natural Bridge Rd. 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 <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>Nov. 3, 1848.</u>				
7. AGE	YEARS <u>86</u>	MONTHS <u>6</u>	DAYS <u>12</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Oldladies home</u>			
	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) <u>Missouri</u>				
FATHER	13. NAME <u>Bernard Hanly</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>				
MOTHER	15. MAIDEN NAME <u>Laura Courtois</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>				
17. INFORMANT <u>Reid Kinsella</u> (ADDRESS) <u>Normandy, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem.</u> DATE <u>May 17/35.</u>				
19. UNDERTAKER <u>Jos. W. Clark.</u> (ADDRESS) <u>11250 Hodiamont Ave.</u>				
20. FILED <u>5-16-</u> 19 <u>35</u> <u>H. A. Baehner</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15/35.

22. I HEREBY CERTIFY, That I attended deceased from 5-2 1935 to 5-15 1935  
 I last saw her alive on 5-15 1935 Death is said to have occurred on the date stated above, at 12.55 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset 5 da.  
Chc. Nephritis 5 yrs  
Arterio Sclerosis 11  
 Other contributory causes of importance \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? physical 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) H. A. Baehner M. D.  
 (Address) 7301<sup>a</sup> Natural Bridge

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.

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

