

SEP 19 1935

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

Do not use this space.

29133

1. PLACE OF DEATH

County De Witt
Township Gladden
City..... (No..... St..... Ward.....)

Registration District No. 997
Primary Registration District No. 6238

File No.....
Registered No. 8

2. FULL NAME

Jimmy Beau Hanger
(a) Residence, No..... St..... Ward.....
(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 M 4. COLOR OR RACE W 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) Apr. 26, 1933

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
2 4 8

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)..... 11. Total time (years) spent in this occupation. -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gladden, Mo

13. NAME Luther Hanger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton, Mo

15. MAIDEN NAME Louie Gruman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter Co, Mo

17. INFORMANT (ADDRESS) Luther Hanger Gladden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Empire DATE Sept 5 1935

19. UNDERTAKER (ADDRESS) Carl Spencer Gladden Mo

20. FILED Sept. 10 1935 F.M. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1935

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 9:30 a.m.

The principal cause of death and related causes of importance were as follows:
Drowned by falling in well Date of onset 4

Other contributory causes of importance None

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? no
If so, specify.....
(Signed) W. S. Dickey, M. D.
(Address) Gladden, 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.

