

APR 27 1936

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

Do not use this space.

9048

## 1. PLACE OF DEATH

County WrightRegistration District No. 906Township Paul BremerPrimary Registration District No. 6219City Higgins (No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. 5

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(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 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>L</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 4 - 1918</u>				
7. AGE YEARS <u>17</u>	MONTHS <u>3</u>	DAYS <u>25</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>at home</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Dependent</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>Wright Co Mo</u>				
FATHER	13. NAME <u>Henry Hanna</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Mary E. Salmon</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
17. INFORMANT <u>Paul Hanna</u> (ADDRESS) <u>Higgins Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Simmons Ave</u> DATE <u>3/1/36</u>				
19. UNDERTAKER <u>C. H. Bayard</u> (ADDRESS) <u>Dalton Mo</u>				
20. FILED <u>April 4 1936</u> <u>Carlye Ellis</u> Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 29, 193622. I HEREBY CERTIFY, That I attended deceased from Feb. 26 - 1936, to Feb. 29 - 1936I last saw her alive on Feb. 28 - 1936. Death is saidto have occurred on the date stated above, at 3:00 p.m.

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

Pneumonia lobar acute

Date of onset

Other contributory causes of importance 108

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) Paul Hanna, M. D.(Address) Higgins 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.

