

APR 16 1936

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

Do not use this space.

9636

1. PLACE OF DEATH

County Carroll
Township 1 Combs
City Bosworth Mo (No. 3)

Registration District No. 134
Primary Registration District No. 5189

File No.
Registered No. 7
St. Ward)

2. FULL NAME

Edward Franklin Hanawan

(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 <u>Male</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 <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 1 - 1887</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>7</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>Farmer</u>	
	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) Bosworth Mo
(STATE OR COUNTRY)

FATHER 13. NAME Barney Hanawan

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

MOTHER 15. MAIDEN NAME Elizabeth Bailey

16. BIRTHPLACE (CITY OR TOWN) Tena
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Lillie Taylor
(ADDRESS) Bosworth Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pig Creek Mo DATE March 15 1936

19. UNDERTAKER David J. Edwards
(ADDRESS) Bosworth Mo

20. FILED Mar 14 1936 Mrs. Boss Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13 1936

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 11:30 a.m.

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

Hemorrhage from femoral vein, due to fracture of right leg above knee, sustained in Automobile accident + Mile South of Bosworth, Mo
Other contributory causes of importance:
None

Date of onset

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/13 1936

Where did injury occur? 4 miles South of Bosworth Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

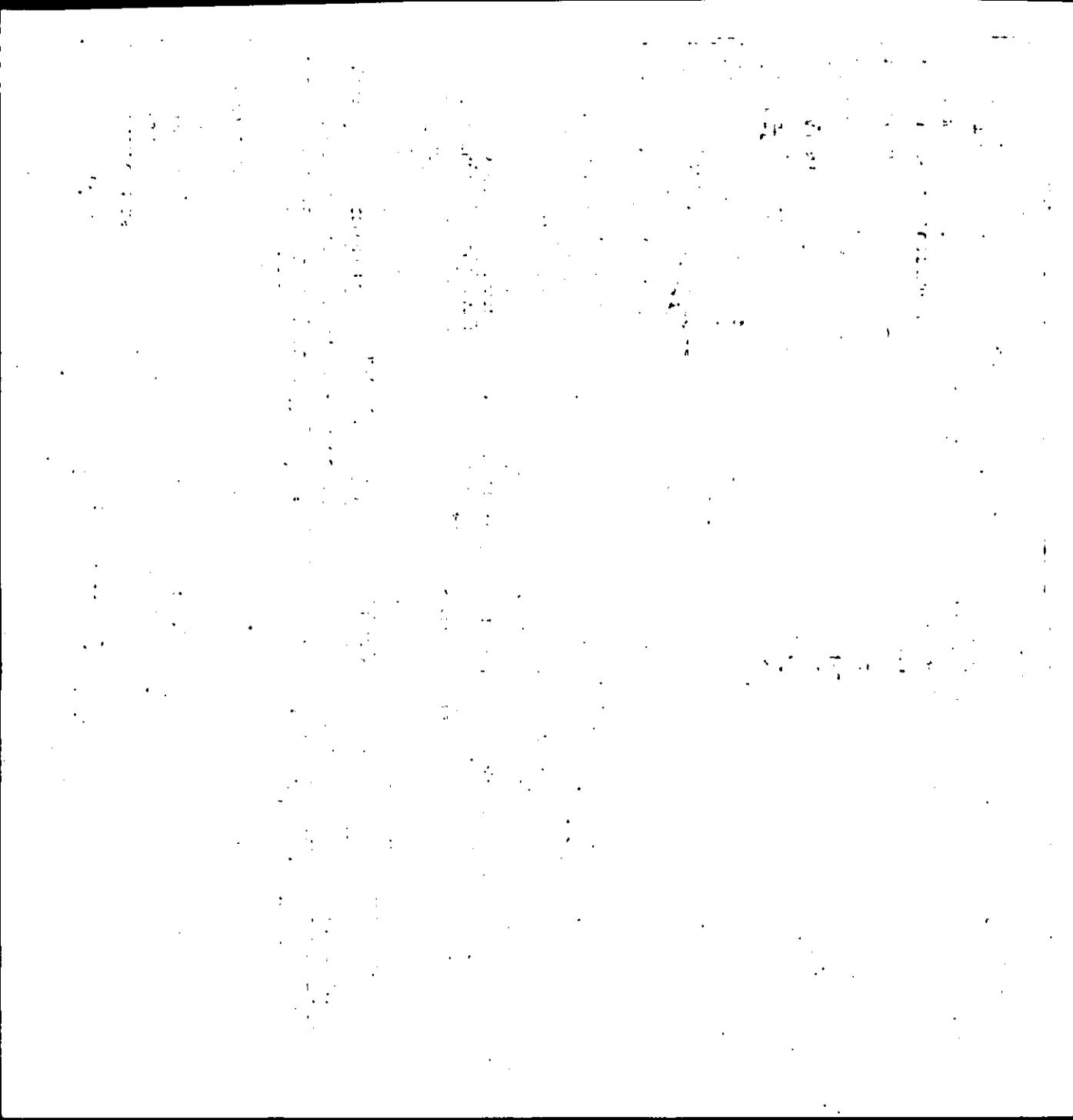
Nature of injury

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

If so, specify

(Signed) Clifford W. Justice Coroner M. D.

(Address) Tena Missouri



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1. PLACE OF DEATH

County Carroll
Township Combs
City (No. _____) _____ St. _____ Ward _____

Registration District No. 134
Primary Registration District No. 5-189

File No. _____
Registered No. 7

2. FULL NAME

Edward Franklin Hawaiian

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED s (write the word)

6. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 13 1936

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

7. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 48 7 12

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

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 _____

Hemorrhage from femoral vein due to fracture of tibia above knee sustained in automobile accident 4 mi south of _____
Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Passenger
Date of _____

13. NAME _____

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) _____

Specify whether injury occurred in industry, in home, or in public place. _____

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury _____
Nature of injury _____

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

20. FILED Mar 14 1936 Mrs. Ross Brown Registrar

(Signed) Clifford W. Austin Cor. D.
(Address) _____

S.A.S. SUPPLEMENT

S-9436