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.

MAR 18 1936

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

Do not use this space.

10063

1. PLACE OF DEATH
County Franklin — Registration District No. 5411 — File No.
Township Boles, — Primary Registration District No. 293 — Registered No.
City ~~Robertsville, Mo. R. No. F. D. 42.~~ , St. Ward)

2. FULL NAME William Gerard Hanneken,
(a) Residence, No. Robertsville, Mo. R. 42 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 28 yrs. X mos. Xds. 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): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF ~~XORXWIFE OF~~ Katie Elizabeth Hanneken,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 22nd, 1873.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
62	11	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Robertsville, Missouri, R.F.D.2,

FATHER
13. NAME Henry H. Hanneken,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany.

MOTHER
15. MAIDEN NAME Margaret Hanneke,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany.

17. INFORMANT (ADDRESS) Mrs. Katie E. Hanneken, Robertsville, Mo. R. 2.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary's Cemetery. DATE Mar. 14, 1936.
Moselle, Mo.

19. UNDERTAKER (ADDRESS) ~~Nieburg & Vitt, Inc.~~ Washington, Mo.

20. FILED 3-15 1936 G. E. Gross, B. R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 12, 1936. , 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. , 1931, to 3-12 , 1936
I last saw h. i. m. alive on 3-11 , 1936. Death is said to have occurred on the date stated above, at 12:00 m. noon.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 3-11-36

Other contributory causes of importance:
Hypertension
Arterial Sclerosis

Name of operation None — Date of X
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) Hm. Denny , M. D.
(Address) Union Mo