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

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

Do not use this space.

16776

1. PLACE OF DEATH APR 25 1936
County St. Louis Registration District No. 789
Township Normandy Primary Registration District No. 6033
City Pine Lawn, Mo. (No. 3718 Jennings rd. St., Ward)
Pine Lawn Hospital.

File No.
Registered No. 114

2. FULL NAME Archibald Hanley
(a) Residence, No. 3718 Jennings Rd 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	~~married~~ Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 2 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	51	2	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grain tester
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) ? Scotland

FATHER
13. NAME Michael Hanley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Scotland

MOTHER
15. MAIDEN NAME Isabelle McClymont
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Scotland

17. INFORMANT Mrs. A. R. Smith (ADDRESS) 7720 Augusta ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Lem DATE April 7 19 36

19. UNDERTAKER Geo. L. Obertack Sons (ADDRESS) 5966 Easton Ave.

20. FILED 4-6- 19 36 H. E. Koolmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/5/1936 , 19

I HEREBY CERTIFY, That I attended deceased from 4/10/1935, 19..., to 4/5/1936, 19...
I last saw h. im. alive on 4/5/1936, 19... Death is said to have occurred on the date stated above, at 10:40A.M.
The principal cause of death and related causes of importance were as follows:

Chr. pulmonary T.B. bi-lateral, fibrenous type. Complete fibrosis of middle and upper r.Lobe; also of upper left and more than 1/2 of the lower left, origin silicosis. — Date of onset

Other contributory causes of importance:
Pulmonary asthma due to lung consolidation or insufficiency air space. Myocarditis with acute dilatation.

Name of operation... Date of...
What test confirmed diagnosis? cli. and lab. 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? ...
If so, specify...
4/6/36
(Signed) Luther B. Tinnon, M. D.
(Address) 3718 Jennings Rd

Primary onset; condition existed when hospitalized here 4/10/1935.

Secondary; 4/10/1935.
Acute cardiac dilatation 4/5/1936.