

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.

1289

APR 27 1936

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

Do not use this space.

18320

1. PLACE OF DEATH

County Vernon  
Township Washington  
City Franklin (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 875  
Primary Registration District No. 6162

File No. \_\_\_\_\_  
Registered No. 95

2. FULL NAME

Joseph Lloyd Hanna  
(a) Residence No. State Hospital #7 St. \_\_\_\_\_ Ward. Joplin Mo.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 1 mos. 4 ds. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-9-1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
40 7 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None  
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) Davis City, Ia

MOTHER 13. NAME Hanna

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winterset Ia

15. MAIDEN NAME Alta Kelly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edenore Ks.

17. INFORMANT (ADDRESS) sister 1205 S. Stewart Okla

18. BURIAL, CREMATION, OR REMOVAL PLACE Webb City Cemetery DATE Apr. 7 1936

19. UNDERTAKER (ADDRESS) Hayes Funeral Home Nevada

20. FILED 4-6-1936 M. E. Eisinger Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 1-1-35, 1935, to 4-5, 1936

I last saw him alive on 4-5, 1936 Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Epilepsy  
45

Date of onset 1900.

Other contributory causes of importance: Myocardial Insufficiency

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical 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) M. E. Eisinger, M. D.  
(Address) Nevada Mo.

