

JUL 20 1936

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

Do not use this space.

22617

1. PLACE OF DEATH

County Greene
Township Center
City (No.)

Registration District No. 320
Primary Registration District No. 5447

File No. 10
Registered No.
St. Ward

2. FULL NAME

Mrs. Bertha Emma Jane Hanawalt

(a) Residence, No. Rt 4 Springfield St., 2nd Ward.

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-15-1888

7. AGE YEARS 48 MONTHS - DAYS 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Usual

10. Date deceased last worked at this occupation (month and year) 6-1935 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co Mo

13. NAME Thomas Dodson

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

15. MAIDEN NAME Marie Fields

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

17. INFORMANT Mrs R Watts (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Char Ct Care DATE 6-21-1936

19. UNDERTAKER W. Klingens (ADDRESS) Springfield

20. FILED 6/20/1936 Wm Hoyal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-19-1936

22. I HEREBY CERTIFY, That I attended deceased from 4-10-1936 to 6-19-1936

I last saw her alive on 6-19-1936 Death is said to have occurred on the date stated above, at 9⁰⁰ P. M.

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

Pulmonary Tuberculosis Date of onset 1926
Other contributory causes of importance

Name of operation no Date of
What test confirmed diagnosis? 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) R. F. Winkle, M. D.
(Address) Bois Blanc 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.

