

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

Do not use this space.

27053

1. PLACE OF DEATH

County Jasper
 Township Oronogo
 City Oronogo (No. _____)

Registration District No. H 13
 Primary Registration District No. H 245

File No. _____
 Registered No. 30
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Delmar Hanning 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. 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 Caucasian 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) July 4, 1911

7. AGE YEARS 25 MONTHS 0 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. farmer

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) Bunker Mo.

13. NAME Frank Hanning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bunker Mo.

15. MAIDEN NAME Sida Moon

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

17. INFORMANT Sida Moon (ADDRESS) Bunker Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Halem Mo DATE July 11, 1936

19. UNDERTAKER Hedge-Nelson Funeral Home (ADDRESS) Webb City Mo.

20. FILED 7-10-1936 Harry A. Weaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1936

22. I HEREBY CERTIFY that I attended deceased from July 9, 1936 to July 10, 1936

I last saw him alive on July 10, 1936 Death is said to have occurred on the date stated above, at 9 P. m.

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

Asphyxiation - probably malignant Date of onset _____

Other contributory causes of importance: 47

Name of operation _____ Date of _____

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

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 _____

(Signed) R. M. Stopmont, M. D.

(Address) Webb City 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.

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