

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

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34870-a

DEC 28 1936

1. PLACE OF DEATH

County Lawrence
Township Lincoln
City (No.)

Registration District No. 469
Primary Registration District No. 5630

File No. _____
Registered No. 83
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Falltown St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 (or WIFE OF) Alice Hash

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-17-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 5 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Lawrence Co. Mo.

FATHER 13. NAME Henry Hash

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

MOTHER 15. MAIDEN NAME Mary Elkins

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

17. INFORMANT (ADDRESS) Mrs. Alice Hash Falltown Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Johns Chapel DATE 9-8-1936

19. UNDERTAKER (ADDRESS) Monroe & Deiman Miller Mo.

20. FILED 9-7-1936 W. D. Bunnay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-6-1936

22. I HEREBY CERTIFY, That I attended deceased from 8-1-1936 to 9-6-1936

I last saw him alive on 9-1-1936 Death is said to have occurred on the date stated above, at 2:25 p. m.

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

Mitral Stenosis Date of onset _____

Other contributory causes of importance _____

Name of operation _____ 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) W. D. Bunnay, M. D.

(Address) Miller Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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