

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.

NOV 16 1936

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

Do not use this space.

37623

1. PLACE OF DEATH
 County Jackson Registration District No. 399 File No.
 Township East Primary Registration District No. 1002 Registered No. 4473
 City Kan City (No. Post General Hosp) St. Ward)

2. FULL NAME E. R. Hannifer
 (a) Residence, No. Portland Hotel 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 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) Unknown

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>about</u>	<u>55</u>			

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

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) Unknown

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Coroner Price
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE 10/9/36

19. UNDERTAKER Bergman Fun Home
 (ADDRESS)

20. FILED Oct 8 1936 M. M. Cron
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 36

22. I HEREBY CERTIFY That I attended deceased from August 1936 to 1936
 I last saw him alive on 3/4/36 19..... Death is said to have occurred on the date stated above, at 3 p. m.
 The principal cause of death and related causes of importance were as follows:
Automobile traumatism
Fracture right leg (Compound)
Gas bacillus infection
 Other contributory causes of importance:
NO

Name of operation Autopsy Date 10/10/36
 What test confirmed diagnosis Autopsy 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 9/25/36
 Where did injury occur? 15th & Woodland St. Kan City
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, at home, or in public place.

Manner of injury Struck by motor car
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) A. J. Hill M. D.
 (Address) 2111

