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.

JAN 28 1937

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

Do not use this space.

43883

1. PLACE OF DEATH

County BUCHANAN — Registration District No. 85 — File No.

Township WASHINGTON — Primary Registration District No. 1001 — Registered No. 1579

City ST. JOSEPH, (No. MISSOURI METHODIST HOSPITAL St. Ward)

2. FULL NAME JOHN CHARLES MANNING HANE

(a) Residence, No. CARETAKER RESIDENCE HYDE PARK Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 42 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): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: HUSBAND OF EMMA HANE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MARCH 4, 1878

7. AGE: YEARS 58 — MONTHS 9 — DAYS 23 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): DEC. 17, 1936.

11. Total time (years) spent in this occupation: 9 YR

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

FATHER

13. NAME: JOHN N. HANE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

MOTHER

15. MAIDEN NAME: UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

17. INFORMANT (ADDRESS): EMMA C. HANE, ST. JOSEPH, MISSOURI.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. AUBURN DATE 12-28 1936

19. UNDERTAKER (ADDRESS): FLEEMAN AND SON INC 1946 Calhoun St Joseph, Mo

20. FILED 12/28 1936 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): DECM 27, 1936, 19

22. I HEREBY CERTIFY, That I ~~attended deceased~~ VIEWED from 12-28, 1936, to ....., 19....

I last saw h... I.M. alive on ....., 19.... Death is said to have occurred on the date stated above, at 8:10 P.M.

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

Lobar pneumonia — Date of onset 12/20 36

188

Other contributory causes of importance: amputation of Hand following injury

Name of operation Hand amputation Date of 12-

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? accident Date of injury 12/15, 1936

Where did injury occur? St Joseph Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: public place

Manner of injury Bite from Camel

Nature of injury injured hand

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) B. W. Tadlock Coroner, M. D.

(Address) St Joseph Mo