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.

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

Do not use this space.

FEB 18 1936

1. PLACE OF DEATH
County: Dunklin
Township: —
City: Kennett (No. , St. Ward)

Registration District No.: 286
Primary Registration District No.: 5606

File No.: 47555
Registered No.:

2. FULL NAME: Boby Hannah

(a) Residence, No. 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. 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*): —

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 11 1934

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

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.
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)

FATHER
13. NAME: unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME: Vitha Hannah
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Skagit Co Wash

17. INFORMANT (ADDRESS): E. B. Hannah Kennett Mo R.R.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Gregory DATE: Jan 12 1936

19. UNDERTAKER (ADDRESS): None

20. FILED: Feb 3 1936 Walter Dover, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1936, to same date, 19..
I last saw h... alive on —, 19.. Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Still Birth	

Other contributory causes of importance:

Tumor Mass in Abdomen

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?
If so, specify

(Signed) George T. Gilmore D.O., M. D.
(Address) Kennett Mo