

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 19 1937

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

Do not use this space.

49460

1. PLACE OF DEATH

County Franklin Registration District No. 294
Township Central Primary Registration District No. 5409B
City St. Clair (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME Unmarried Hansell

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-30-1930
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min. 0

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) St. Clair Mo

13. NAME Engene Hansell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co.

15. MAIDEN NAME Clara

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

17. INFORMANT Engene Hansell (ADDRESS) St. Clair

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Clair DATE 12/31 1936

19. UNDERTAKER Clarey (ADDRESS) St. Clair

20. FILED Jan 2 1937 W. E. Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-30-1936
22. I HEREBY CERTIFY, That I attended deceased from _____, 1936, to _____, 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:

Septicemia
Date of onset _____

Other contributory causes of importance:
Placenta Funerata
Name of operation _____ Date of _____
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? _____ 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 W. E. Mitchell, M. D.
(Signed) _____ (Address) St. Clair

