

OCT 21 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

34569

1. PLACE OF DEATH

County Johnson.  
Township Montserrat  
City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 55429  
Primary Registration District No. 5893

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME Jefferson Davis Hanna.

(a) Residence, No. \_\_\_\_\_ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20 1937 to Sept. 23 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 18, 1961

I last saw him alive on Sept. 22 1937. Death is said to have occurred on the date stated above, at 12:20 A. M.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
20 76 1 5

Other contributory causes of importance: \_\_\_\_\_

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Live Stock Buyer & Seller.  
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 \_\_\_\_\_

Accident  
Fall on the sidewalk  
producing shock  
and injuries to neck  
and head  
Date of onset \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

FATHER 13. NAME Isah Hanna.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co. Mo.

MOTHER 15. MAIDEN NAME Mary E. Houx.

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

17. INFORMANT (ADDRESS) Geo. Hanna. Warrensburg. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lee Cemetery DATE Sept. 24 1937

19. UNDERTAKER (ADDRESS) Sweeney Phillips. Warrensburg. Mo.

20. FILED Sept 24 1937 J. Koch Registrar.

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) W. G. Bradley 4, M. D.  
(Address) Warrensburg Mo.

N. B.—Every item of information should be carefully supplied. A copy should be returned to the state registrar. Every statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

