

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

Do not use this space.

JAN 25 1938

136

~~47002~~

1. PLACE OF DEATH

County Mernon
Township Roundville
City..... (No.....)

Registration District No. 874
Primary Registration District No. 61535

File No.....
Registered No..... St..... Ward.....

2. FULL NAME Edward Rainey Hanna

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16, 1938

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

22. I HEREBY CERTIFY that I attended deceased from Dec 10 1937 to Jan 16 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1st, 1870

I last saw him alive on Jan 6, 1938 Death is said to have occurred on the date stated above, at 12:30 a. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 6 5

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

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Farming
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

Cerebral Hemorrhage
Date of onset

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

Other contributory causes of importance:
Atherosclerosis

13. NAME Gordon Hanna

Name of operation..... Date of.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smithfield Penn.

What test confirmed diagnosis?..... Was there an autopsy?.....

15. MAIDEN NAME unknown

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smithfield Penn.

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Ray Hanna
(ADDRESS) Pittsburg, Kans.

Manner of injury.....
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE Belborn DATE Jan. 10th 1938

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

19. UNDERTAKER Eichinger Funeral Home
(ADDRESS) Nevada, Mo.

(Signed) W. B. Primm M. D.
(Address) Belborn

20. FILED Jan 10 1938 W. B. Primm
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

