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.

REC'D AUG 9 1938

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

Do not use this space.

1. PLACE OF DEATH
County Texas  Registration District No. 478
Township Richland  Primary Registration District No. 3642
City ..... (No. ..... St. ..... Ward)

File No. 25802
Registered No. 12

2. FULL NAME Leo Ann Hanley 540

(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Infant |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 13 1937

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 0 | 9 | 28 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0
10. Date deceased last worked at this occupation (month and year): 0
11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boring Texas

FATHER
13. NAME: Collins Hanley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Rosa May Grubb
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

17. INFORMANT (ADDRESS): Mrs. Wallace Hanley Mrs. Gurkan Texas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rester  DATE July 12 1938

19. UNDERTAKER (ADDRESS): A. A. Chumbley Mayswood

20. FILED Aug. 7 1938  Anna K. Ball Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 10 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 P. M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Stepped on Chest by horse. | |
| Heart injured | |
| Lungs bruised. | |
| Lungs punctured. | |
| Other contributory causes of importance: | |

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/10 ....., 1938
Where did injury occur? Lamar County Missouri
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
at home
Manner of injury Stepped on by horse.
Nature of injury Chest crushed

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Earle V. Buckley Corner D.
(Address) Carthage, Mo.

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Dept.