

1938 NOV 24 1938

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

36256
Do not use this space.

1. PLACE OF DEATH
 (a) County Marion Registration District No. 547
 (b) Township Marion Primary Registration District No. 397 Registered No. 256
 (c) City Hannibal (d) Street No. Levee Hospital St.
 (If death occurred in hospital or institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 12 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
 2. PRINT FULL NAME HAZEL FERN VANNOY
 (a) Residence, No. 718 Lemon St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Benj. Vannoy
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 07, 1898
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 7 2
 OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Sept - 1, 1938 to Sept 29, 1938
 I last saw him alive on Sept 29, 1938. Death is said to have occurred on the date stated above, at 5:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset Sept 29, 38
94/10
 Other contributory causes of importance: Heart disease ?
 Name of operation Removal of S.P. Date of Sept. 29
 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? No
 If so, specify
 (Signed) J. H. Traversa, M. D.
 48? (Address) Hannibal Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe County, Missouri
 FATHER 13. NAME William Finnie
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 MOTHER 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 17. INFORMANT Benj Vannoy (ADDRESS) Hannibal, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oliver Cemetery DATE Oct. 2, 1938
 19. FUNERAL DIRECTOR Roy P. Selwyn (ADDRESS) Hannibal, Mo.
 20. FILED Oct 1, 1938 H. C. Fisher Local Registrar

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)