FILED JUL 15 1940

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

Do not use this space.
22258

1. PLACE OF DEATH
County: Marion 6
Township: ~~Mason~~
City: Hannibal
Registration District No. 547
Primary Registration District No. 3029
(No. St. Elizabeth Hospital St. Ward)
File No. #7
Registered No. 170

2. FULL NAME 156 Simon Ignatius Hirner

(a) Residence, No. Palmyra, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Mary Carroll Hirner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 2, 1875

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
65	4	3	

OCCUPATION
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.: Retired
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): Marion County, Mo. 6

FATHER
13. NAME: Anthony Hirner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

MOTHER
15. MAIDEN NAME: Elizabeth Wentz 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Leo. Carroll Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Palmyra, Mo. Catholic Cemetery 6/7/40, 19

19. UNDERTAKER (ADDRESS): Lewis Bros 486 Palmyra, Mo.

20. FILED June 6, 1940 W. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 1940, to June 4, 1940, I last saw him alive on June 4, 1940. Death is said to have occurred on the date stated above, at 9.30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus Had in different stage for about 25 years	
59	

Other contributory causes of importance:
Chronic Nephritis

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? 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) E. J. Roselle, M. D.
(Address) Palmyra Mo.

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.