

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

Do not use this space.

1. PLACE OF DEATH

42 County Hannoy
Township Bozart
City Bozart (No. _____) St. _____ Ward _____

Registration District No. 247
Primary Registration District No. 3-485

File No. 16353
Registered No. 18

2. FULL NAME

Elizabeth (Goodman) Hannoy Hannoy
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. - mos. - ds. How long in U. S., if of foreign birth? 70 yrs. - mos. - ds.
(If nonresident, give city of town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Rudolph Hannoy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9 - 1852
7. AGE YEARS 80 MONTHS 6 DAYS 6 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen Housekeeping
10. Date deceased last worked at this occupation (month and year) 7-31 11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berne Switzerland Europe

MOTHER FATHER 13. NAME Benjamin Goodman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

15. MAIDEN NAME Aune Nicholson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Edna Hannoy
Wich Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mullan Cem. DATE May 17 - 1933

19. UNDERTAKER (ADDRESS) H. Smith
Wich Mo

20. FILED 5/27 1933 Ed C. Peeler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 - 1933

22. I HEREBY CERTIFY, That I attended deceased from May 7 - 1933 to May 14 - 1933
I last saw him alive on May 14 - 1933 Death is said to have occurred on the date stated above, at 9:30 A.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 7-7-33
Voluntary Stiffness
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical 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. J. McDermald, M. D.
(Address) Wich Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 22 1933

