

MAR 24 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

4431

1. PLACE OF DEATH

County MARION
 Township Camden
 City Mayaville (No. _____)

Registration District No. 259
 Primary Registration District No. 3359B

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

2. FULL NAME Hannah Hector

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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 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 James Hector
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1, 1849
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 4 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co13. NAME George Washington Campbell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Mary Elmore16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT Maud Morgan
(ADDRESS) Mayaville, Mo18. BURIAL, CREMATION, OR REMOVAL
Oak Lawn, Mayaville DATE 2/20-3419. UNDERTAKER U.G. Pilcher
(ADDRESS) Mayaville Mo20. FILED 2/19 1934 J. P. Phelps
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20 1934 to Feb. 18 1934
 I last saw him alive on Feb. 18 1934 Death is said to have occurred on the date stated above, at 6:45 a.m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset

Lobar Pneumonia
Chronic Endocarditis
 Other contributory causes of importance:
 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? no
 If so, specify _____
 (Signed) J. P. Phelps
 (Address) Mayaville, 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.

