

AUG 16 1935

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

Do not use this space.

22834

1. PLACE OF DEATH

County Henry
Township Windsor
City Windsor R.R. #4 (No. 5496)

Registration District No. 14
Primary Registration District No. 4-21

File No. 20
Registered No. 20
St. _____ Ward _____

2. FULL NAME Hubert Thomas Dannatt

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eva Mae Dannatt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-27-1870</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>2</u>
	DAYS <u>8</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Stockman</u>
	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 <u>life</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Lewman Iowa13. NAME Robert Dannatt14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
England15. MAIDEN NAME Elizabeth Bower16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
England17. INFORMANT (ADDRESS)
Eva Mae Dannatt Windsor Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Calhoun DATE 7-619. UNDERTAKER (ADDRESS)
Med. W. K. Johnson20. FILED July 6 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 193522. I HEREBY CERTIFY That I attended deceased from May 1, 1935 to July 4, 1935I last saw him alive on July 4, 1935. Death is said to have occurred on the date stated above, at 12:30 p. m.

The principal cause of death and related causes of importance were as follows:

Angina pectoris. Date of onset July 5, 1935

Other contributory causes of importance:

Valvular disease 1 yearName of operation none Date of _____What test confirmed diagnosis? none Was there an autopsy? yes23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury 7-5, 1935Where did the injury occur? at home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

Signed St. Bernard, M. D.Address Calhoun 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.

