

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

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

Do not use this space.

JAN 21 1929

39547

1. PLACE OF DEATH

County.....Buchanan..... Registration District No.....1001
Township..... Primary Registration District No.....
City.....St. Joseph..... (No. Mo. Methodist Hospital.....)

File No.....
Registered No.....1465.....
St. Ward)

2. FULL NAME.....William Hanigan.....

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

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

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 Milinda (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 10, 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 II 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Wisconsin

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. Bessie Calvin (Address) Falls City Nebr.

15. FILED DEC 26 1928 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 25 19 28

I HEREBY CERTIFY That I attended deceased from Dec. 12 1928 to Dec. 25 1928 that I last saw h. im. alive on Dec. 25 1928, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremic Coma
13 1/2 B / 29 A
Chronic Interstitial Nephritis
Several

18. WHERE WAS DISEASE CONTRACTED Highland, Kansas
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE of

WHAT TEST CONFIRMED DIAGNOSIS Laboratory & Clinical

(Signed) [Signature] M. D.
Dec. 26, 19 28 (Address) [Address]

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Highland Kansas. DATE OF BURIAL Dec. 28 19 28

20. UNDERTAKER H. O. Sidenfaden. ADDRESS 1802 Union St.

