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

Do not use this space. 29881

1. PLACE OF DEATH
County: Vernon
Township: Washington
City: ..... (No. ..... St. ..... Ward)

Registration District No. 875
Primary Registration District No. 6162

File No. .....
Registered No. 190

2. FULL NAME: Wilbur Hanna
(a) Residence. No. State Hospital #3 St., ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 19 yrs. 2 mos. 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): married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Margaret ?

6. DATE OF BIRTH (MONTH, DAY AND YEAR): ?, 1868

7. AGE: Years 61 | Months ? | Days ? | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): not known
(STATE OR COUNTRY): " "

PARENTS
10. NAME OF FATHER: not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN): " "
(STATE OR COUNTRY): " "
12. MAIDEN NAME OF MOTHER: not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): " "
(STATE OR COUNTRY): " "

14. INFORMANT: Margaret Hanna
(Address) Jackson Co. Home, MO

15. FILED: 8-8-1929 E. R. King, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 2 1929

17. I HEREBY CERTIFY, ~~that I~~ State Hospital #3 attended deceased from June 3, 1910, to Aug 2, 1929 that I last saw h. ~~him~~ alive on ....., 1929, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
with renal involvement
(duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF, .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) T. T. O'Dell, M. D.
Aug 2, 1929 (Address) Nevada, Mo

*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: Hospital cemetery | DATE OF BURIAL: 8-5 1929

20. UNDERTAKER: Allen V. Hays | ADDRESS: Nevada, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified.