

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

Do not use this space.

11893

PLACE OF DEATH

County Callaway
Township _____
City Fulton (No. _____)

Registration District No. 104
Primary Registration District No. 3008

File No. _____
Registered No. 93
St. _____ Ward _____

2. FULL NAME

(a) Residence No. Moberly Mo St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 29 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 Mary Duran G. Hadney

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 7-1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 7 19

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

9. BIRTHPLACE (CITY OR TOWN) Adrian Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Geo M. Hadney

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

12. MAIDEN NAME OF MOTHER Annie Wilson

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

14. INFORMANT State Hospital Records
(Address) Fulton Mo

15. FILED April 28 1930 REGISTRAR R. N. Creese

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26-1930

17. I HEREBY CERTIFY, That I attended deceased from Mar. 28-1930 to April 26-1930 that I last saw him alive on April 26-1930 and that death occurred, on the date stated above, at 8:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
95 B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cardiovascular disease
(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?
(Signed) J. R. Frazer M. D.

4-26-1930 (Address) Fulton State Hospital

*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 Olney DATE OF BURIAL 4/28 1930

20. UNDERTAKER Herman Taylor ADDRESS Fulton 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.

MAY 1930
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