

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

Do not use this space.

1. PLACE OF DEATH

County Mason Registration District No. 547
Township Mason Primary Registration District No. 3029
City Hannibal (No. 601^a Sycamore)

File No. 40654
Registered No. 328
St. 4 (Ward)

2. FULL NAME

(a) Residence, No. 601^a Sycamore St., 4 Ward.

(If nonresident, give city or town and State)

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

2. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>divorced</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 27, 1887</u>					
7. AGE		YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>45</u>		<u>3</u>	<u>3</u>	<u>22</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>86</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Shoe Worker</u>				
	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) <u>Pleasant Hill 2 Ill</u>					
FATHER	13. NAME <u>John A.</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike County 2 Ill</u>				
MOTHER	15. MAIDEN NAME <u>Sarah</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>				
17. INFORMANT <u>Mrs. Clara Decker</u>					
(ADDRESS) <u>601^a Sycamore St. Hannibal Mo</u>					
18. BURIAL, CREMATION, OR REMOVAL					
PLACE <u>Intolent</u> DATE <u>12/21/1932</u>					
19. UNDERTAKER <u>James O. Dannel</u>					
(ADDRESS) <u>Hannibal Mo</u>					
20. FILED <u>Dec 22 1932 C. C. Casew</u>					
Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/18/32

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1932, to Dec. 18, 1932

I last saw him alive on Dec. 18, 1932 Death is said

to have occurred on the date stated above, at 7 P. m.

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

mitral heart lesion Date of onset

Other contributory causes of importance:
Possible cancer of liver

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

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? (1)

If so, specify as above, M. D.

(Address) 511 Union, Hannibal 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.

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