

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

Do not use this space.

7341

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1000
 City..... No. 4106 Clarence Ave St. Ward) 10

File No.
 Registered No. 1289
 St. Ward)

2. FULL NAME Hannah Reaker

(a) Residence, No. 4106 Clarence St., 10 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>August H. Reaker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-12-1871</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>11</u>
	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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
12. BIRTHPLACE (CITY OR TOWN) <u>St Louis</u> (STATE OR COUNTRY) <u>Mo</u>		
FATHER	13. NAME <u>Michael Hare</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Ireland</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Bridget Toben</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Ireland</u> (STATE OR COUNTRY)	
17. INFORMANT <u>August H. Reaker</u> (ADDRESS) <u>4106 Clarence Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>2-8</u> <u>23</u>		
19. UNDERTAKER <u>H. A. Stock used to</u> (ADDRESS) <u>2112 1/2 Grand Blvd</u>		
20. FILED <u>FEB -6 1933</u> <u>May C. Standen</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1933

22. I HEREBY CERTIFY, That I attended deceased from July 10th 1932 to Feb. 4 1933
 I last saw her alive on Feb. 3rd 1933 Death is said to have occurred on the date stated above, at 9:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Hypertension with
mitral insufficiency
supp with Bronchitis
 Date of onset

Other contributory causes of importance

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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? no
 If so, specify.....
 (Signed) W. W. Harris M. D.
 (Address) 3906 No Grand Blvd

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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Mr. J. J. J. J.
3505 N. 1st St.