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.

JAN 25 1939

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

Do not use this space.

1. PLACE OF DEATH
County Webster 2
Township Ozark 1
City (No. , St. Ward)
Registration District No. 896
Primary Registration District No. 6198
File No. 44865
Registered No. 41

2. FULL NAME 456 Myrtle Millie Hanney
(a) Residence, No. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jas. M. Hanney
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14-1901
7. AGE YEARS 37 MONTHS 11 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) (STATE OR COUNTRY) Okla 1

FATHER
13. NAME Alfred French
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record 7

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record 7

17. INFORMANT (ADDRESS) Mrs. Mary Mort Brentwood, California
18. BURIAL, CREMATION, OR REMOVAL
PLACE Marshfield DATE 12/20 1938
19. UNDERTAKER (ADDRESS) McMahon Funeral Service Marshfield Mo
20. FILED Dec. 22 1938 Elizabeth Highfield Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18, 1938
22. I HEREBY CERTIFY, That I attended deceased from —, 19..., to —, 19...
I last saw her alive on Nov. 7, 1938. Death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus 6	?

Other contributory causes of importance: This patient was treated at Missouri State Cancer Hospital at Fulton - inoperable case.

Name of operation Date of
What test confirmed diagnosis? Micros- 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? No
If so, specify
(Signed) C. R. Macdonnell, M. D.
(Address) Marshfield, Mo.