

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

Do not use this space.

36798

1. PLACE OF DEATH

County DeKalb
 Township Collins Hill
 City (No.) (St.) (Ward ..)

Registration District No. 289
 Primary Registration District No. 5407

File No.
 Registered No. 63

2. FULL NAME

Mary Elizabeth Hannorman
 (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 Female 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 James Hannorman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 25 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 3 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer). Home keeping
 (c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Texas

PARENTS

10. NAME OF FATHER Pinkston

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

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT James Hannorman

(Address) Madden Mo

15. FILED 11/30/19 29 S.E. Mitchell

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 28 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 26 1929 to Nov 28 1929 that I last saw her alive on Nov 27 1929 and that death occurred, on the date stated above, at 3:15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Lobar
 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) 1010
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) James Beale M. D.

1/29 1929 (Address) Madden 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 DATE OF BURIAL

Stevens Cemetery Nov 29 19 29

20. UNDERTAKER ADDRESS

none none

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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