

FILED JAN 29 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3411

Registration District No. 317

Primary Registration District No. 6176

Registrar's No. 2589

6/1/1 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Berkley, Mo
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution. (Specify whether)

In this community Life
years, months or days)

3. (a) PRINT Harriet (Hettie) Hannon
FULL NAME

3. (b) If veteran, 3. (c) Social Security
name war No.

4. Sex Female race white 5. Color or 6. (a) Single, widowed, married,
divorced Widowed

6. (b) Name of husband or wife Ed. Hannon 6. (c) Age of husband or wife if
alive years

7. Birth date of deceased October 14 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 2 13 hr. min.

9. Birthplace Franklin Co., Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER 12. Name Amos Strange

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Boecock

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant daughter

(b) Address Berkley, Mo.

17. (a) Burial (b) Date thereof Dec 30 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Harry M. White

(b) Address Ferguson, Mo.

19. (a) DEC 30 1944 (b) E. S. McLawhorn, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Berkley
(If outside city or town limits, write "RURAL")

(d) Street No Airport and Garfield Rds

(If not in hospital or institution, write street number or location) 1
(e) Citizen of foreign country? No (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1944 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from
12/13, 1944, to 12/27, 1944
that I last saw her alive on 12/26, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Hemphillia

Due to Hemphillia

Duration 3 days

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

(c) Means of injury

(M. D. or other)

Address Leo Hughes O

Date signed 12/28/44