

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.

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

Do not use this space.

30832

## 1. PLACE OF DEATH

County Cole,  
Township Marian,  
City Centertown, Mo. (No. ....)

Registration District No. 211  
Primary Registration District No. 5291

File No. ....  
Registered No. 18  
St. .... Ward)

## 2. FULL NAME

JAMES D. MARK HAN  
(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 <u>Mal</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 9-1856</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>3</u>	DAYS <u>9</u>
		If LESS than 1 day, .... hrs. or .... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) Cole Co Mo  
(STATE OR COUNTRY)

13. NAME Jacob Mark Han  
14. BIRTHPLACE (CITY OR TOWN) Virginia  
(STATE OR COUNTRY)

15. MAIDEN NAME Kitty Miller  
16. BIRTHPLACE (CITY OR TOWN) Key  
(STATE OR COUNTRY)

17. INFORMANT Chas Mark Han  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE City Cemetery DATE 9/11, 1931

19. UNDERTAKER William F. Friedman  
(ADDRESS) California, Mo.

20. FILED 9-10, 1931 W. P. Hutson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1931, to Sept 9, 1931

I last saw him alive on Sept 8, 1931. Death is said to have occurred on the date stated above, at 10 p.m.

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

Bright's Disease

132A / 132

Other contributory causes of importance:

9. 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 ✓, 1931

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?

If so, specify ✓

(Signed) W. P. Hutson, M. D.

(Address) Centertown, Mo.

OCT 22 1931

2000

2001

2002

2003

2004

2005

2006

2007

2008

2009

2010