

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

Do not use this space.

30551

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 4058
 Township Kansas City Primary Registration District No. 1002 Registered No. 4058
 City Kansas City (No. Old City Hospital St. Ward)

2. FULL NAME

Malinda Hansburg
 (a) Residence. No. 2012 E. 8th St., Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 8 yrs. 1 mos. 1 da.
 How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. If MARRIED, Widowed, or Divorced HUSBAND or (OR) WIFE OF George Hansburg
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 19, 1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 2 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
 (b) General nature of industry, business, or establishment in which employed (or employer) at home
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

PARENTS
 10. NAME OF FATHER Thuston Mason
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) not known
 12. MAIDEN NAME OF MOTHER Jarah Mason
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT Flourner Duckett
 (Address) 1609 Brooklyn

15. FILED 10/27 1927 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-25-1927
 17. I HEREBY CERTIFY, That I attended deceased from 19 to 19
 that I last saw h. Deputy Coroner alive on 19, 1927, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma - uterus

CONTRIBUTORY (SECONDARY) 46 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....

9 WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) for Deputy Coroner M. D.
10/27/27 (Address) Deputy Coroner

*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 Highland DATE OF BURIAL Oct. 28, 1927

20. UNDERTAKER Adkins Bros ADDRESS 2122 Vine

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

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.

