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

Do not use this space. 1174

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 198
Township Kaw — Primary Registration District No. 1007 — Registered No. 198
City K.C. Mo. (No. Research Hospital St. ..... Ward)

2. FULL NAME Hans Hanson
(a) Residence. No. 609 West 16th St., 3 Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan - 29 1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
55	11	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

PARENTS
10. NAME OF FATHER Hans Hanson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Sweeden
12. MAIDEN NAME OF MOTHER Christine Froman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Sweeden

14. INFORMANT Percy Carroll
(Address) 1300 E. 26th St

15. FILED Jan 16, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 15 — 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1928, to Jan 14, 1928 that I last saw him alive on Jan 14, 1928, and that death occurred, on the date stated above, at 4 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Rt Lobar Pneumonia. Upper lobe. Lower lobe was slightly involved. ad entire left lung. Congested (duration) yrs. 0 mos. 10 ds.

CONTRIBUTORY (SECONDARY) 1018 (duration) 108 yrs. 1118 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? K.C.
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? Yes.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Autopsy
(Signed) Donald R Black, M.D
1/16, 1928 (Address) 743 Lathrop Bldg.

*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: Randolph Ks — DATE OF BURIAL: Jan 17, 1928

20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: K.C. Mo.

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.