

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

Do not use this space.

14093

N. B.—Every item of information should be carefully supplied. AGE 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.

1923

**PLACE OF DEATH**

County Müller  
Township Richwoods  
City Bureau (No. ....)

Registration District No. 562  
Primary Registration District No. 4331

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

**2. FULL NAME**

Lizzie Hans

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED  
~~FOODING OF~~  
(or) WIFE OF F.P. Hans

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 30, 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 11 25

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Dumfries  
(STATE OR COUNTRY) Scotland

PARENTS

10. NAME OF FATHER Thomas Ferguson

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

12. MAIDEN NAME OF MOTHER Belle Hunter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....  
(STATE OR COUNTRY) Scotland

14. INFORMANT Chas. Hans  
(Address) Springfield, Mo.

15. FILED May 11, 1928 W. A. Van Kleeft  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4<sup>th</sup> 1928

17. I HEREBY CERTIFY, That I attended deceased from 4<sup>th</sup> March, 1928, to April 4<sup>th</sup>, 1928 that I last saw h. e. alive on March 27<sup>th</sup>, 1928, and that death occurred, on the date stated above, at 6 A.M. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

11/19 influenza,  
10/14 Bronch. Pneumonia  
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 11/19  
(duration) yrs. mos. da.

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

8 DID AN OPERATION PRECEDE DEATH..... DATE OF .....  
WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) W. A. Van Kleeft, M. D.  
, 19 (Address)

\*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 St. Louis Mo DATE OF BURIAL 4/9 1928

20. UNDERTAKER G. L. Casey ADDRESS Bureau Mo

