

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

004 *Comer Treat*
Do not use this space. *1/11/28*

1. PLACE OF DEATH

County *Jackson* Registration District No. *105* File No. *24029*
 Township *Kaw* Primary Registration District No. *105* Registered No. *105*
 City *Kansas City Mo* (No. *3543* *2nd ara*) St. _____ Ward _____

2. FULL NAME

(a) Residence. No. *3543 2nd ara* 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 *Male*
 4. COLOR OR RACE *white*
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mr Jennie Hanko*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 15 1875*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, then hrs. or min.
53 1 8

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Denton Co*

10. NAME OF FATHER *John P Hanko*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Denton Co*

12. MAIDEN NAME OF MOTHER *Eliza Oldham*

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

14. INFORMANT (Address) *Mr Jennie Hanko 3543 2nd ara*

15. FILED *7/24 1928* *M. Crowe* REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *7-23 1928*
 17. I HEREBY CERTIFY That I attended deceased from *Mon 7-22 1928* to *7-23 1928* that I last saw him alive on *7-22-28* and that death occurred, on the date stated above, at *8:50 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
131 Uremia
132B
 (duration) yrs. mos. *8* da.
 CONTRIBUTORY *Chr. Interstitial Nephritis* (SECONDARY)
 (duration) *1* yrs. *6* mos. *0* da.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? *no* DATE OF _____
 WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) *J. Sheldon* M. D.
 (Address) *boy corner Bldg 7-24, 1928*

*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 *Platteburg Mo* DATE OF BURIAL *7/24 28*
 20. UNDERTAKER *O. West* ADDRESS *1915 East*

N. E.—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.

WHILE IN NET, WITH OUTFADING INK—THIS IS A PERMANENT RECORD

1944