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

Do not use this space.

26955

1. PLACE OF DEATH
County Franklin — Registration District No. 297
Township ~~Washington~~ — Primary Registration District No. 3816
City Washington (No. ..... St. ..... Ward)

File No. .....
Registered No. 63

2. FULL NAME August Hansen
(a) Residence. No. 402 Stafford Street St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 13 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	72	11	25	

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) Painter
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Tundern, North Schleswig
(STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER Andreas Hansen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tundern
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Marie Woleson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT .....
(Address) 402 Stafford Str

15. Aug 10, 1928. Washington Mo [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug.8,1928

17. I HEREBY CERTIFY, That I attended deceased from Apr.16, 1928, to Aug.8, 1928 that I last saw him alive on Aug.5, 1928, and that death occurred, on the date stated above, at 3. A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82A
77 7441
(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis
(duration) ..... yrs. 4 mos. - ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) [signature], M. D
8/9/, 1928 (Address) Washington, Mo

*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	DATE OF BURIAL
St Peters Cemetery	8/11/28 19

20. UNDERTAKER	ADDRESS
Otto & Co Washington Mo By Geo	H O

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.

APR 3 1942