

JAN 22 1929

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

Do not use this space.

39917

1. PLACE OF DEATH

County Clay
Township Excelsior Springs
City Excelsior Springs

Registration District No. 198
Primary Registration District No. 3011

File No.
Registered No. 132
St. Ward)

2. FULL NAME

Thorval Christopher Hansen

(a) Residence No. St. Ward. Curtis Neb.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 18 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 Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 11-1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
36 10 17

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 92A
(b) General nature of industry, business, or establishment in which employed (or employer) 117A
(c) Name of employer 125

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

10. NAME OF FATHER John Hansen

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

12. MAIDEN NAME OF MOTHER Louise Rosner

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

14. INFORMANT Olga M. Lee
(Address) Maxwell Nebraska

15. FILED 1/26 1928 Y. L. Crum
REGISTRAR

5

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-28-1928

17. I HEREBY CERTIFY That I attended deceased from 12th November, 1928, to 28th December, 1928
that I last saw him alive on December 28th, 1928, and that death occurred, on the date stated above, at 10:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aspiration into peritoneal cavity.

CONTRIBUTORY (SECONDARY) Gastric Ulcer-Possibly
Caecum (cutting rivet) Nitral stones
Possible carcinoma of Caecum.
18. WHERE WAS DISEASE CONTRACTED 3 mo.

IF NOT AT PLACE OF DEATH Curtis, Neb

DID AN OPERATION PRECEDE DEATH? No DATE OF ...
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X-ray showed Ulcer through
(Signed) J. P. Mitchell M. D.

(Address) Excelsior Springs, 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 Curtis Neb. DATE OF BURIAL Jan. 1929

20. UNDERTAKER H. T. Hope ADDRESS Excelsior Springs, 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.

