

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

Do not use this space.

40980

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Ros Primary Registration District No. 100
City Kansas City (No. 14 E. 66th.) St. _____ Ward _____

File No. _____
Registered No. 5889
St. _____ Ward _____

2. FULL NAME Hans Hansen

(a) Residence, No. 14 E. 66th. St. 8 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

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 <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marie Hansen</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Apr. 16 1865</u>					
7. AGE YEARS <u>64</u>		MONTHS <u>8</u>		DAYS <u>14</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Pattern Maker</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer <u>Self</u>					

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 30 19 29

17. I HEREBY CERTIFY, That I attended deceased from Dec 25 1929 to Dec 30 1929 that I last saw him alive on Dec 21 1929, and that death occurred, on the date stated above, at 4 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina pectoris

CONTRIBUTORY (SECONDARY) Arteriosclerosis, Cerebral hemorrhage (duration) Do not know yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? General
(Signed) H. W. Gates, M. D.
1/30 1929 (Address) 311 Argyle Bldg

9. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Denmark

10. NAME OF FATHER Henry Hansen

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

12. MAIDEN NAME OF MOTHER No record

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

14. INFORMANT Mrs. Marie Hansen
(Address) 14 E. 66th.

15. FILED 30 19 29 M. M. Crowe REGISTRAR
Ans

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL Jan 2 19 29

20. UNDERTAKER H. W. Gates ADDRESS K. C. K.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

79
21

