

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.

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

Do not use this space.
26793

3398

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. Vineyard Park Hospital) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Sarah Elizabeth Hanson

(a) Residence No. _____ St. _____ Ward _____ Platte City, Mo.
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John C. Hanson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 3, 1861

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min.
69 5 13

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Union Star
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Thomas Jefferson Shouse

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clay County
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Angie Cook

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

14. INFORMANT M. L. Neff
(Address) Paladdin Hotel

15. FILED 8/17 1930 M. M. Crew
REGISTRAR Coast

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 16, 1930

17. I HEREBY CERTIFY, That I attended deceased from July 18, 1930, to August 16, 1930, that I last saw him alive on August 16, 1930, and that death occurred, on the date stated above, at 9:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho pneumonia 107A
97
102
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis, arterial hypertension
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 100%

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug 10 - 1930

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Usual clinical signs
(Signed) Herbert Tutthill M. D.

Aug 16, 1930 (Address) 1125 Rialto Bldg.

*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

Platte City, Mo.
Reverew Cemetery

20. UNDERTAKER

Stine + Mc. Clure

DATE OF BURIAL

8-16 1930

ADDRESS 3235

Gillham Bldg.

