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

Do not use this space.

4290

1. PLACE OF DEATH
County Texas — Registration District No. 863 — File No.
Township Piney — Primary Registration District No. 6137 — Registered No. 2
City ~~Houston~~ (No. ..... St. ..... Ward)

2. FULL NAME Thomas Elic Hansford
(a) Residence. No. ..... St., ... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M.	W.	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Lucinda Hansford

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 18, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	77	11	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 1
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Johnny Hansford
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ky.

14. INFORMANT Mrs. Lucinda Hansford (Address)

15. FILED 1-21-1931 J. R. Womack REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 19 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1931 to Jan 19, 1931 that I last saw him alive on Jan 19, 1931, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hyperatrophic Cirrhosis of Liver
124 B
93 D
11 B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis + Influenza
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 124 B
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. F. Herron, M. D.
Jan 21, 1931 (Address) Houston, 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
Houston Cemetery	Jan. 21 1931
20. UNDERTAKER	ADDRESS
Gaylord V. Elliott	Houston 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.