

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.

FEB 24 1932

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

Do not use this space.

1. PLACE OF DEATH
 County Jackson Registration District No. 395
 Township Sandbar Primary Registration District No. 4232
 City Blue Springs (No. _____) St. _____ Ward _____

2. FULL NAME Hokan Hauson
 (a) Residence, No. Blue Springs Mo. Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 7 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

File No. 914
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hilma B.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 4 1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>58</u>	<u>10</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rock Island

10. Date deceased last worked at this occupation (month and year) Oct. 1929 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden 24

13. NAME John Hauson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

15. MAIDEN NAME Helma Lind

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT Hilma Hauson
 (ADDRESS) Blue Springs Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE 1-28-32

19. UNDERTAKER Geo. H. Longman
 (ADDRESS) Hannibal

20. FILED 7/0 19 32 J. W. Tuttle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 26 1931

22. I HEREBY CERTIFY, That I attended deceased from on Jan 26 1931 to _____, 19____
 I last saw him _____ alive on Jan 24 1932 Death is said to have occurred on the date stated above, at 11 A. m.
 The principal cause of death and related causes of importance were as follows:
Cranial hemorrhage
82A
82A
82A
 Other contributory causes of importance:
High blood pressure
arterio sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cranial Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify _____
 (Signed) J. W. Tuttle M. D.
 (Address) Blue Springs, Mo.

