

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

Do not use this space.

5379

1. PLACE OF DEATH

64 County Marion Registration District No. 547
Township Marion Primary Registration District No. 2079
City Hannibal (No. 1117, Woodrow St. _____ Ward _____)

File No. _____
Registered No. 49
St. _____ Ward _____

2. FULL NAME Hansen, Friedrich Jansen

(a) Residence, No. 1117 Woodrow St., _____ Ward _____

(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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rose</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 8, 1878</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>7</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Contract Contractor</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>279</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alexon Ohio</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>310</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT <u>Dee Jansen</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Providence Cemetery</u> DATE <u>7/10</u> , 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>James O'Sullivan</u>		
20. FILED <u>72</u> , 19 <u>32</u> <u>G. E. Clausius</u> Deputy Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2 to 8 in arrival at home, 1932. I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:50 p.m. The principal cause of death and related causes of importance were as follows:
Probable Heart Disease

Other contributory causes of importance:
Said by hands to have had influenza for one week

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ 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? _____
If so, specify _____
(Signed) W. P. Berney, M. D.
(Address) Hannibal 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.

WHILE IN CONTACT WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAR 24 1932

