

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

Do not use this space.

16473

1. PLACE OF DEATH
 49 County Jasper Registration District No. 411
 Township Sakina Primary Registration District No. 2002
 City Jasper (No.) St. Ward) (If nonresident, give city or town and State)
 2. FULL NAME Jacob Hanson
 (a) Residence, No. 720 Mine Ave. 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) no record
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
about 88- - - -
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 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) no record
 13. NAME " " " "
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "
 15. MAIDEN NAME " " " "
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "
 17. INFORMANT Hurlbut and Co
 (ADDRESS) Jasper Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem DATE 5-6 32
 19. UNDERTAKER Hurlbut and Co
 (ADDRESS) Jasper Mo
 20. FILED 5/5 1932 Jacob Hanson Clerk
 Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-4-32 1932
 22. I HEREBY CERTIFY, That I attended deceased from April 22, 1932, to May 4-32, 1932.
 I last saw him live on May 4, 1932. Death is said to have occurred on the date stated above, at 7 AM.
 The principal cause of death and related causes of importance were as follows:
endo carditis Date of onset _____
9259215
 Other contributory causes of importance: _____
 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 V.E. Kenney, M. D.
 (Signed) Jasper Mo
 (Address)

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.

MAY 23 1932

