

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

Do not use this space.

31730

1. PLACE OF DEATH

County Christian Registration District No. 181
 22 Township Park Primary Registration District No. 6251
 City (No. St. Ward)

File No.
 Registered No.
 St. Ward)

2. FULL NAME

Henry Edward Hanson

(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 male 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 Alma Hanson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-14-1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>66</u>	<u>11</u>	<u>24</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Plasterer 79
 (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) New York 2

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 31 unknown

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Sherwood Schmitt
 (Address) Springfield, Mo

15. Oct 10 1932 F. H. Brown
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-7 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct-1, 1932 to Oct-7, 1932 that I last saw him alive on Oct-1, 1932, and that death occurred, on the date stated above, at 3:30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

17A Apoplexy
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 8:30
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) F. H. Brown, M. D.

(Address) Bellings, 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 Rose Hill Cemetery DATE OF BURIAL Oct. 9 1932

20. UNDERTAKER A. S. Wallace ADDRESS Bellings, 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. NOV 23 1932

