

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

Do not use this space.

5283

1. PLACE OF DEATH

53 County LACLEDE Registration District No. 449
Township LEBANON Primary Registration District No. 509
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 1813

2. FULL NAME

NILES 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 28-1843</u>				
7. AGE YEARS <u>89</u>	MONTHS <u>1</u>	DAYS <u>7</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>FARMER</u>			
	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) <u>Denmark</u>				
FATHER	13. NAME <u>NOT KNOWN</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>NOT KNOWN</u>			
	15. MAIDEN NAME <u>NOT KNOWN</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>NOT KNOWN</u>			
	17. INFORMANT <u>May Hanson</u> (ADDRESS) <u>LEBANON</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>LEBANON MO</u> DATE <u>2-5</u> 19 <u>33</u>				
19. UNDERTAKER <u>PALMERS</u> (ADDRESS) <u>LEBANON</u>				
20. FILED <u>2/7</u> 19 <u>33</u> <u>J M Buller</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb - 1st 1933 to Feb 4 1933
I last saw him alive on Feb - 3 1933. Death is said to have occurred on the date stated above, at 8:20 A.M.
The principal cause of death and related causes of importance were as follows:
Influenza complicated with edema and brain edema of pneumonia & nephritis
Date of onset 8-27-1932
Other contributory causes of importance:
32A / 107A / 107B / 107C / 107D / 107E / 107F / 107G / 107H / 107I / 107J / 107K / 107L / 107M / 107N / 107O / 107P / 107Q / 107R / 107S / 107T / 107U / 107V / 107W / 107X / 107Y / 107Z

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

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? no
If so, specify _____
(Signed) Jas Cowley _____ M. D.
(Address) Lebanon Mo

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.

GEORGE WASHINGTON UNIVERSITY
PHYSICS DEPARTMENT
STATE OF MARYLAND
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE