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

Do not use this space.
26562

File No. 3307
Registered No.

1. PLACE OF DEATH
County Jackson Registration District No.
Township Primary Registration District No.
City Kansas City (No. 4343 Holmes Street St. Ward)

2. FULL NAME Mrs. Sophia Hansen
(a) Residence, No. 4343 Holmes St. 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.

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.

SEP 26 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Mr. Fred Hansen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1856

7. AGE: Years 77 | Months 5 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Denmark

FATHER
13. NAME Nelson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

MOTHER
15. MAIDEN NAME No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

17. INFORMANT Mrs. Minnie Ackles
(ADDRESS) 4343 Holmes St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Aug. 21, 19 33

19. UNDERTAKER Gates Funeral Home
(ADDRESS) Kansas City, Kansas

20. FILED 8-19, 1933 M. M. Crowl Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 19, 19 33

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1933, to Aug 19, 1933
I last saw h.. alive on Aug 18, 1933. Death is said to have occurred on the date stated above, at 3:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Acute	Aug 18.
52	
Other contributory causes of importance	
Chronic Nephritis	2 years
Carcinoma in breast	about 10 years
Senility 77 years old	

Name of operation Date of
What test confirmed diagnosis? Laboratory 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) W. W. Jones, M. D.
(Address) 715 Angle Bldg

. m w. Jay
gyle Bldg.
after 3-5