

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

Do not use this space.

JAN 18 1935

42856

1. PLACE OF DEATH

County Jackson
Township Kaw
City KC Mo. (No. General Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. 5229
Registered No. 5229
St. Ward

2. FULL NAME

Charles Alexander Hamilton Hansbrough

(a) Residence, No. 2639 Prospect 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cara B Turner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 11 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Photographer

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) Shirley, Mo

13. NAME J. H. Hansbrough

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County, Mo

15. MAIDEN NAME Monie B Powell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore, Md

17. INFORMANT R. J. Robinson, K.C. Mo
(ADDRESS) 2639 Prospect

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wamego, Mo DATE 12/6 34

19. UNDERTAKER W. Degermond, Doro
(ADDRESS) 2738 Prospect

20. FILED Dec 5 1934 M. M. Carome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/2/34

22. I, Dr. J. H. G. G. G. certify that I attended deceased from to , 1934.

I last saw him live on , 1934. Death is said

to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

Fracture of the pelvis
Neurotonium
208 MV

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 (injury), fill in also the following:

Accident, suicide, or homicide Date of injury

Where did injury occur? Specify whether injury occurred 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) , M. D.

(Address)

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.

