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.

JUN 18 1935

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

Do not use this space.

15704

File No.
Registered No. 594

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, (No. 207 East Missouri Avenue St. Ward)

2. FULL NAME Dora Augusta Hansen
(a) Residence, No. 207 East Missouri Ave St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 56 yrs. 8 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Otto C Hansen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20. 1878.

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	8	11	

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) St. Joseph,
(STATE OR COUNTRY) Missouri.

FATHER
13. NAME Frederick Muehleisen
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary Lang
16. BIRTHPLACE (CITY OR TOWN) New York City,
(STATE OR COUNTRY) New York.

17. INFORMANT Otto C Hansen
(ADDRESS) 207 East Missouri Ave

18. BURIAL, CREMATION, OR REMOVAL Mount Mora Cemt
PLACE St. Joseph, Mo. DATE June 4 1935

19. UNDERTAKER H. O. Sidenfaden
(ADDRESS) 1802 Union Street St. Joseph, Mo.

20. FILED 6-7-35 19 John R Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May. 31. 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-28, 1935, to 3-22, 1935
I last saw her alive on 3-22, 1935. Death is said to have occurred on the date stated above, at 10/45pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
GPC	
Other contributory causes of importance: —	
Hypertension	unknown
Chr. Myocarditis	unknown

Name of operation — Date of
What test confirmed diagnosis? Clinical — 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) C. S. Grayson, M. D.
(Address) 212 Kirkpatrick Bldg