JAN 15 1936

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

Do not use this space.

38637

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File No.

Registered No. 1306

1. PLACE OF DEATH

County: Buchanan

Registration District No.

Township:

Primary Registration District No. 1001

City: St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Hannah Hansen

(a) Residence, No. 520 E. Kansas 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 28 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles Hansen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July, 25, 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	62	4	18	

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): Dec., 1935

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ringe, Denmark

FATHER

13. NAME: Sorn Nielsen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ringe, Denmark

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Denmark.

17. INFORMANT: Chas. Hansen
(ADDRESS) 520 E. Kansas Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem. DATE Dec. 16, 1935, 19

19. UNDERTAKER: Walter Meinhoffer
(ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED DEC 16 1935, 19 John R. Bender Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec, 13, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 7th, 1935, to Dec 13th, 1935.
I last saw her alive on Dec 13th, 1935. Death is said to have occurred on the date stated above, at 1 cc m. P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	12/4/35
	12/12/35

Other contributory causes of importance: Strangulated femoral hernia — 12/7/35

Name of operation: Herniotomy, Date of 12/7/35
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) Leon Beck, M. D.
(Address) King Hill Bldg., St. Joseph, 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.