

MAR 21 1936

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

Do not use this space.

6188

## 1. PLACE OF DEATH

County Jackson Registration District No. 399  
 Township Blue Knob Primary Registration District No. 1002  
 City Kan City (No. T. B. Hospital, Leads, Mo. St.                      Ward                     )

File No. 1000  
 Registered No.                     

## 2. FULL NAME

Norman Hanck  
 (a) Residence, No. 1330 Prospect St.,                      Ward.                       
 (Usual place of abode)  
 Length of residence in city or town where death occurred 8 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>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alice Hanck</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 4-1898</u>		
7. AGE	YEARS <u>37</u>	MONTHS <u>6</u>
	DAYS <u>27</u>	If LESS than 1 day, <u>                    </u> hrs. or <u>                    </u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salvager</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Electric Station</u>	
	10. Date deceased last worked at this occupation (month and year) <u>                    </u> 11. Total time (years) spent in this occupation <u>                    </u>	

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	13. NAME <u>Hanck, John</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	15. MAIDEN NAME <u>Sutz, Alice</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	17. INFORMANT (ADDRESS) <u>K. C. T. B. Hosp. Leads Station - Kan. City</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brookings</u> DATE <u>Feb.</u> 19 <u>36</u>	
19. UNDERTAKER (ADDRESS) <u>Mrs. P. S. Foster, 918 Brooklyn Avenue, City.</u>	
20. FILED <u>7 25 36 M. M. Brown</u> Registrar.	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 1936  
 22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1936, to Feb. 25, 1936  
 I last saw h. l. m. alive on Feb. 25, 1936 Death is said to have occurred on the date stated above, at 12:50 A.M.

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

Pulmonary tuberculosis  
23  
 Other contributory causes of importance:  
none

Name of operation none Date of                       
 What test confirmed diagnosis? X-ray 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?  
 If so, specify                     

(Signed) J. S. Hoffman, M. D.  
 (Address) K. C. T. B. Hospital, Leads, 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.

