

JAN 8 1936

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

Her glates

Do not use this space.

42183

1. PLACE OF DEATH

County Pike Registration District No. 686  
Township Indian Primary Registration District No. 5914  
City (No. ) St. Ward

File No. \_\_\_\_\_  
Registered No. 24

2. FULL NAME H. P. Hansen

(a) Residence, No. \_\_\_\_\_ 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julia Hansen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 30 - 1884</u>		
7. AGE YEARS <u>82</u>	MONTHS	DAYS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation
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)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10, 1936

22. I HEREBY CERTIFY That I attended deceased from Nov 7, 1936 to Nov 10, 1936.  
I last saw him alive on Nov 10, 1936. Death is said to have occurred on the date stated above, at 11 A.M.  
The principal cause of death and related causes of importance were as follows:  
News of Peritonitis  
Appendicitis  
Other contributory causes of importance:  
None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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. B. Stewart, M. D.  
\_\_\_\_\_ (Address) Carroll MO

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

MOTHER FATHER

13. NAME Christin Hansen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

15. MAIDEN NAME Maria Peterson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

17. INFORMANT (ADDRESS) Pete Hansen

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hanover DATE Nov 11 1936

19. UNDERTAKER (ADDRESS) W. S. Vates

20. FILED Nov 11, 1936 Mrs Gene Hendrix Registrar

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.

