

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City Ho 21 Kennedy (No.)

Registration District No. 791
Primary Registration District No. 1003

File No. 4355
Registered No. 1548
St. Ward

2. FULL NAME

(a) Residence, No. Hansen - Infant 2 St. KR Ward Crystal Lake Mo
(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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) -
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-13-37</u>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo 1

FATHER	13. NAME <u>Oliver J Hansen</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Mo 1</u>

MOTHER	15. MAIDEN NAME <u>Wagon Elhoffer</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Ill. 2</u>

17. INFORMANT (ADDRESS) Oliver J Hansen Crystal Lake Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis Ill. 2 DATE Feb 4 1937

19. UNDERTAKER (ADDRESS) Dr. Hamilton City Health Dept

20. FILED FEB 3 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1937

22. I HEREBY CERTIFY That I attended deceased from

....., 19....., to 19.....
I last saw h..... alive on Jan 13 1937 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:

Date of onset

Still Born

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Letus 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 Edwin J. Vitt M. D.
(Signed) Edwin J. Vitt M. D.
(Address) 3803 1/2 Duway

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.

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