

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.

MAR 13 1937

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

Do not use this space.

6567

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 3626 Warwick)

File No. 253
Registered No. 253
St. Warwick

2. FULL NAME

Theodore Hansen

(a) Residence, No. 3626 Warwick St. Warwick
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Estelle R. Hansen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1874

7. AGE YEARS 62 MONTHS 9 DAYS 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Rate Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rock Island

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) Lawrence (STATE OR COUNTRY) Kansas

13. NAME Theodore Martin Hansen

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

15. MAIDEN NAME Emilie C: Asman

16. BIRTHPLACE (CITY OR TOWN) Berlin (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Estelle R. Hansen (ADDRESS) 3626 Warwick

18. BURIAL, CREMATION, OR REMOVAL PLACE Leavenworth, Kas 2-24-36

19. UNDERTAKER QUIRK & TOBIN (ADDRESS) 20 West Linwood

20. FILED 22, 37 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7 1936 to Febry 21 1937
I last saw him alive on Febry 21 1937 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Carcinoma of Stomach

Date of onset ?

Other contributory causes of importance:

Carcinomatosis

Name of operation None Date of None
What test confirmed diagnosis Usual Was there an autopsy No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) J. H. W. Kasper M. D.
(Address) 406 W. 34th St. - C. Mo.

