DEC 14 1937

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

Do not use this space.

85 2/7

File No. 40664
Registered No. 1219

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 1001
Township: — Primary Registration District No.:
City: St. Joseph. (No. 809 Albemarle St. St. Ward)

2. FULL NAME Mary Hanson

(a) Residence, No. 809 Albemarle St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? 51 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May, 2, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.

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):

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Scotland

FATHER

13. NAME: James Dunbar

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Scotland.

MOTHER

15. MAIDEN NAME: Margaret Shand

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Scotland.

17. INFORMANT (ADDRESS): Alexander Dunbar, 809 Albemarle St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ashland Cemetery. DATE: Nov. 4, 1937

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

20. FILED: 11-4, 1937 — H. J. Westbrook, Registrar. By J. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1937, to Nov 2, 1937. I last saw her alive on Nov 1, 1937. Death is said to have occurred on the date stated above, at 8.45 a.m. P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast.	unknown

Other contributory causes of importance: 50

Name of operation: Date of:
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) J. F. Owens, M. D.
(Address) Pallinger Bldg., St. Joseph, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.