

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

Do not use this space.

10984

1. PLACE OF DEATH  
 County Buchanan Registration District No. 85  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph, (No. St. Joseph's Hospital)  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Lars Jensen  
 (a) Residence, No. 2503 Lafayette St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 42 yrs. mos. \_\_\_\_\_ da. How long in U.S., if of foreign birth? 52 yrs. mos. \_\_\_\_\_ da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sophia Jensen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb, 13, 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>74</u>	<u>2</u>	<u>14</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Retired farmer.  
 (b) General nature of industry, business, or establishment in which employed (or employer) 5 yrs.  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Copenhagen, Denmark

10. NAME OF FATHER Jens Jensen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Denmark

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Denmark

14. INFORMANT Mrs. Sophia Jensen  
 (Address) 2503 Lafayette St.

APR 23 1927  
 FILED \_\_\_\_\_  
John G. Goff  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr, 27, 1927

17. I HEREBY CERTIFY, That I attended deceased from april 18, 1927, to april 27, 1927, and that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 2.00 P.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic interstitial nephritis  
137  
131  
132 (duration) 2 yrs. mos. \_\_\_\_\_ da.  
 CONTRIBUTORY Hypertrophy prostate: Ureteric  
 (SECONDARY) (duration) 2 yrs. mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: St Joseph Mo

1 DID AN OPERATION PRECEDE DEATH: Yes DATE OF 4/24: prostate removed

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination  
F. J. Thompson  
 (Signed) \_\_\_\_\_, M. D.  
4/28, 1927 (Address) 875 Charles

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cemetery DATE OF BURIAL Apr, 29, 1927

20. UNDERTAKER Valter Meierhoffer ADDRESS 1302 Faraon St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 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.

