

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

Do not use this space.

9143

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township 1st Ward Primary Registration District No. _____
City Kansas City (No. 2933 Forest) St. _____ Ward _____

File No. _____
Registered No. 1822
St. _____ Ward _____

2. FULL NAME

Thomas Paulsen
(a) Residence No. 3933 Forest Ave. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. 13 mos. 13 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 (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Paulsen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 3, 1839

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
89 | 0 | 20

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) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Denmark

10. NAME OF FATHER Paul Paulsen

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

12. MAIDEN NAME OF MOTHER Mich. Fredrickson

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

14. INFORMANT Mrs. Anna Paulsen (Address) 3933 Forest

15. FILED 3-24-28 M.M. Crow REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 23 1928

17. I HEREBY CERTIFY, That I attended deceased from October 1927, to March 23, 1928 that I last saw him alive on March 23, 1928, and that death occurred, on the date stated above, at 7:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis, chronic
121
997790 (duration) 2 yrs. ____ mos. ____ ds.
CONTRIBUTORY (SECONDARY) hepatic chronic (duration) 6 yrs. ____ mos. ____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

31 (Signed) James J. Clausen, M. D. 24, 1928 (Address) 3933 Forest Ave.

*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 Dover's Hill DATE OF BURIAL 3/24 1928

20. UNDERTAKER H. H. Newcomer ADDRESS Louis Mo.

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.

THIS IS A PERMANENT RECORD

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