

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

Do not use this space.

26830

1. PLACE OF DEATH

County St. Louis
Township Grant
City Grant City (No.)

Registration District No. 903
Primary Registration District No. ASHS-

File No.
Registered No. 19
.....St.Ward)

2. FULL NAME

Elsie Mary Jensen

(a) Residence. No.St.Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 26 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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF

Andrew Jensen

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

Dec. 17, 1834

7. AGE

YEARS 94 MONTHS 7 DAYS 12 If LESS than 1 day,hrs. ormin.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
(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)

Unknown Denmark

10. NAME OF FATHER

Christensen

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

Unknown Denmark

12. MAIDEN NAME OF MOTHER

Unknown

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

Unknown Denmark

14.

INFORMANT Elsie Jensen
(Address) Grant City, Mo.

15.

FILED 730 29 John C. Temple REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7 - 29 - 1929

17. I HEREBY CERTIFY That I attended deceased from July 15 - 1929, to July 29, 1929, that I last saw h.e. alive on July 29, 1929, and that death occurred, on the date stated above, at 11:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac valvular disease Pulmonary edema - 12A
(duration) 111B yrs.mos.ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) many years yrs.mos.ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT IN PLACE OF BIRTH?

DID AN OPERATION PRECEDE DEATH? — DATE OF —

WAS THERE AN AUTOPSY? —

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Dr. M. Mills, M. D.
, 19 (Address) Grant City Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Lincoln Cemetery July 31, 1929

20. UNDERTAKER ADDRESS

John C. Temple Grant City, Mo.

N. E.—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.

