34
N 22 1929
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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.

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

Do not use this space.

33519

File No.

Registered No. 790

1. PLACE OF DEATH
County Greene
Township
City Springfield (No. St Johns Hosp. St. Ward)
Registration District No. 318
Primary Registration District No. 2001

2. FULL NAME Jannitia Mikkelsen
(a) Residence. No. Niangua Mo St., Ward.
(Usual place of abode)
(If nonresident give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 26 - 1927

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
2	8	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(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) Missouri

PARENTS

10. NAME OF FATHER Hershel R. Mikkelsen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER May Ferrier
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Hershel R Mikkelsen
(Address) Niangua Mo

15. FILED 10-31, 1929 Lou Sharp REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/30 1929

17. I HEREBY CERTIFY, That I attended deceased from 10/29, 1929, to 10/30, 1929 that I last saw her alive on 10/30, 1929, and that death occurred, on the date stated above, at 6 pm m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sarcoma of Liver
46E
(duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) 44B
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 10/30/29
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J H Doubler, M. D
(Address) Med Arts Bldg

*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 Niangua Mo
DATE OF BURIAL Oct 31 1929

20. UNDERTAKER J W Klingner & Co
ADDRESS Springfield