

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.

MAY 28 1930

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

Do not use this space.

15069

1. PLACE OF DEATH

County Stoddard
Township Castor
City Castor (No.)

Registration District No. 837
Primary Registration District No. 6099

File No.
Registered No.
St. Ward

2. FULL NAME

Sam J. Jenson

(a) Residence No. St. Ward
(Usual place of abode)
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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Single Poor Farm
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Castor, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Sam J. Jenson

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

12. MAIDEN NAME OF MOTHER Sam J. Jenson

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

14. INFORMANT Alex Mooney
(Address) Bluffs, Mo.

15. FILED 5/10 1930 Lawford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28 1930

17. I HEREBY CERTIFY, That I attended deceased from April 25 1930 to April 25 1930 that I last saw him alive on April 24 1930, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carbon poisoning
82C
 (duration) 3 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Don't know

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. M. Manney, M. D.
, 19 (Address) Bluffs, Mo.

*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 Co Home DATE OF BURIAL 4-29 1930

20. UNDERTAKER J. A. Childs ADDRESS Bluffs, Mo.

