JG 20 1930

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 21984
Township — Primary Registration District No. 1001 — Registered No. 612
City St. Joseph, Mo. (No. Noyes Hospital St. Ward)

2. FULL NAME Victor Jensen
(a) Residence. No. 1204 South 29th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 5 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): Student

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 24, 1912

7. AGE: YEARS 18 — MONTHS 5 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Jens V. Jensen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Troy
(STATE OR COUNTRY) Kansas
12. MAIDEN NAME OF MOTHER Jennie Beanblossom
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Nebraska

14. INFORMANT Jens V. Jensen
(Address) ~~Unkn~~ St. Joseph Mo.

15. FILED JUL 15 1930, 19 John G. Stitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12, 1930

17. I HEREBY CERTIFY, That I attended deceased from July 8, 1930, to July 12, 1930 that I last saw him alive on July 11, 1930, and that death occurred, on the date stated above, at 2:10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia (Staphylococcus arius) (Staphylococcus General Septicemia
Cause unknown (duration) yrs. mos. 12 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & blood culture
(Signed) [signature], M. D.
7/12 1930 (Address) Kirk Bldg. St Joseph 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: Memorial Park — DATE OF BURIAL: July 14 1930

20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1946 Calhoun

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.