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.

13173

1. PLACE OF DEATH
County Boone — Registration District No. 73 — File No.
Township — Primary Registration District No. 3006 — Registered No. 85
City Columbia Mo (No. ..... St. ..... Ward)

2. FULL NAME Valborg Marie Mikkelsen
(a) Residence. No. 123 Stewart Rd 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 31 1870

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
60	3	12	

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

9. BIRTHPLACE (CITY OR TOWN) Syng by
(STATE OR COUNTRY) Denmark

PARENTS
10. NAME OF FATHER Lars Hansen
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Denmark
12. MAIDEN NAME OF MOTHER Laura Lund
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Denmark

14. INFORMANT Hazel M. Bander
(Address) 123 Stewart

15. FILED 4/14/1931 F. C. Suggett REGISTRAR by Selby

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 13 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1930, to April 13, 1931 that I last saw her alive on April 13, 1931, and that death occurred, on the date stated above, at 8 40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic valvular disease of the heart
(duration) ? yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic nephritis with hypertension (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [signature], M. D.
, 19 (Address) Columbia

*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	DATE OF BURIAL
Kenosha Wis	Apr 14 1931
20. UNDERTAKER R. O. Willett	ADDRESS Columbia Mo