

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

Do not use this space.

15818

1. PLACE OF DEATH

3 8 County Greene Registration District No. 314
6 Township Primary Registration District No. 4190
2 City Stanhurst (No.) St. Ward

File No.
Registered No. 13

2. FULL NAME

Lewis Nelson Sorenson
(a) Residence, No. 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Hattie Sorenson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept - 13 - 1877</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>7</u>
	DAYS <u>21</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lafayer 237</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Town mill 1927</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stamont 24</u>		
FATHER	13. NAME <u>Peter Sorenson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stamont</u>	
MOTHER	15. MAIDEN NAME <u>Mary Lawrence</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stamont</u>	
17. INFORMANT <u>Mrs. Hattie Sorenson</u> (ADDRESS) <u>Stanhurst Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stanhurst Mo</u> DATE <u>5/6/32</u>		
19. UNDERTAKER <u>Robert F. Phillips</u> (ADDRESS) <u>Stanhurst Mo</u>		
20. FILED <u>5/5</u> 19 <u>32</u> <u>162</u> <u>Bernal</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1932 to May 1, 1932. I last saw him alive on May 1, 1932. Death is said to have occurred on the date stated above, at 1045 E.

The principal cause of death and related causes of importance were as follows:
Myocarditis Chronic
1240
93c / 24 B

Other contributory causes of importance:
Hypertrophic Chronic
of liver.

Name of operation Ⓚ Date of

What test confirmed diagnosis? Ⓚ Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? NO Date of injury 2, 19 32
Where did injury occur?

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) J. J. Simpson, M. D.
(Address) Stanhurst Mo.

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.

MM 22 1932

~~Dr. H. H. H. H.~~

Dr. S. S. S. S.