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.

22812

1. PLACE OF DEATH
County Jackson — Registration District No. 389
Township Kaw — Primary Registration District No. 1002 — File No. 2721
City Kansas City, Mo. (No. 2313 Madison St. Ward) — Registered No.

2. FULL NAME Peter Emil Mickelson
(a) Residence, No. 2313 Madison St., 3 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Camilla Mickelson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 26, 1861
7. AGE: YEARS 71 — MONTHS 0 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Night Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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): Denmark 24

FATHER
13. NAME: Henry Mickelson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Denmark

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 21

17. INFORMANT (ADDRESS): Camilla Mickelson, 2313 Madison, K.C.Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Moriah Cem. DATE 7-13-32, 19
19. UNDERTAKER (ADDRESS): R.V.Lindsey & Sons, Inc. K.C.Mo.
20. FILED July 12, 1932 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1932, to July 11, 1932
I last saw him alive on July 11, 1932. Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy	3 days ago
82	
102	
82 a	
1	

Other contributory causes of importance: High Blood Pressure — 8 yrs

Name of operation ..... Date of .....
What test confirmed diagnosis? Spyg. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) D P Klepinger, M. D.
(Address) 615 Argyle Bldg

Dr. D. P. Klepinger 813 Argyle