

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

Do not use this space.

25826

1. PLACE OF DEATH

34 County Douglas
Township Larkin
City Liguia (No. _____)

Registration District No. 1675
Primary Registration District No. 5881

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

CARRIE SOPHIA CHRESTENSEN

(a) Residence, No. Liguia Mo 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 1860

7. AGE YEARS 82 MONTHS 3 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

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) Copenhagen Denmark

13. NAME Larsen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

15. MAIDEN NAME Mat Krause

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

17. INFORMANT (ADDRESS) G. G. Christensen
Care of R. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Liguia DATE 8-21 1932

19. UNDERTAKER (ADDRESS) None

20. FILED Aug 23 1932 78 Hale Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/18, 1932, to 8/18, 1932.
I last saw her alive on 8/18, 1932. Death is said to have occurred on the date stated above, at 6:30 p. m.
The principal cause of death and related causes of importance were as follows:
Apoplexy
stroke
old
Other contributory causes of importance: _____
Date of onset _____

Name of operation none 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? _____ 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? _____
If so, specify _____
(Signed) J. D. Ferguson, M. D.
(Address) _____

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.

SEP 22 1932

