

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.

1818

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City (No. 72 C General 3002)

Registration District No. 399
Primary Registration District No. 3002

File No. _____
Registered No. 554 Ward

2. FULL NAME

(s) Residence, No. 814 E 9th St. _____ Ward. _____

Length of residence in city or town where death occurred 32 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1857

7. AGE YEARS 75 MONTHS 5 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

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

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

13. NAME Andrew Jensen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Revera Clerk R. C. Gen Hosp R. C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hill DATE 2-3-33

19. UNDERTAKER (ADDRESS) Swift & John Co

20. FILED 2-3, 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-20, 1933, to 1-22, 1933

I last saw him alive on 1-22, 1933 Death is said to have occurred on the date stated above, at 11:40 P. M.

The principal cause of death and related causes of importance were as follows:

Hypostatic Bronchopneumonia Date of onset _____

Other contributory causes of importance: _____

(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? _____ 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. H. Bennett, M. D.

(Address) Sub R. C. Gen Hosp R. C. Mo

