

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

Do not use this space.

9623

1. PLACE OF DEATH

County JACKSON
 Township K.A.V.V.
 City KANSAS CITY (No. 2212-EAST-38TH)

Registration District No. 088
 Primary Registration District No. 0002

File No. 1225
 Registered No. 1225
 St. _____ Ward _____

2. FULL NAME

CHARLES M. SORENSEN

(a) Residence, No. 2212-EAST-38TH St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 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) MRS MINNIE SORENSEN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOVEMBER-14-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 3 27

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

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 UNKNOWN SORENSEN

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

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT MRS MINNIE SORENSEN
 (ADDRESS) 2212-EAST-38TH ST

18. BURIAL, CREMATION, OR REMOVAL PLACE ELM WOOD DATE MARCH-13-1933

19. UNDERTAKER D.W. NEWCOMER'S SONS
 (ADDRESS) 2111-EAST-9TH ST

20. FILED March 17 1933 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH-11-1933

22. I HEREBY CERTIFY, That I attended deceased from about two years -

I last saw him alive on about two weeks ago. Death is said to have occurred on the date stated above, at 5:00 A.M.

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

Acute dilatation of Heart. Date of onset _____

Other contributory causes of importance:
Arterio-Sclerosis. Cardiac dilatation. Chronic Nephritis. Cerebral Hemorrhage two days.

Name of operation _____ Date of _____
 What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? X Date of injury X, 19____

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) T. J. Patton M. D.
 (Address) 1202 Webster Bldg.

N. B.—Every item of information should be carefully supplied. If it cannot be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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