

MAY 25 1934
 MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County.....
 Township.....
 City.....

Registration District No. **791**
 Primary Registration District No. **1003**
 (No. **City Hospital**)

File No. **14957**
 Registered No. **4156**
 St. Ward)

2. FULL NAME

(a) Residence, No.
 (Usual place of abode) **Infirmary St. 13** Ward.

Length of residence in city or town where death occurred **24** 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 **M** 4. COLOR OR RACE **w** 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) **July 7 - 1859**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 9 10

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Bricklayer**
 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) **Dempark**

FATHER
 13. NAME **John Sorenson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER
 15. MAIDEN NAME **Mary**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Woop Lafayette Hoop City Hoop**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **City Field 4/23/34**

19. UNDERTAKER (ADDRESS) **David Van Tassan City Hoop**

20. FILED **PR 23 1934** **J. Berdeck** Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/17 1934**

22. I HEREBY CERTIFY, That I attended deceased from **4/17**, 19**34**, to **4/17**, 19**34**.
 I last saw him alive on **4/17**, 19**34**. Death is said to have occurred on the date stated above, at **10:20** pm.
 The principal cause of death and related causes of importance were as follows:

Date of onset
ruptured peptic ulcer causing a peritonitis
 Other contributory causes of importance: **46**
conceal of stomach
 Name of operation **closure of ulcer** Date of
 What test confirmed diagnosis? Was there an autopsy? **yes**

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. Jones**, M. D.
 (Address) **City Hoop**

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.

