

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, (No. 913 Logan St. St. _____ Ward _____)

File No. 23367
Registered No. 875

2. FULL NAME

Anna Poulsen
(a) Residence, No. 913 Logan St. 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? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Samuel Poulsen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 18, 1853</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>1</u>	DAYS <u>6</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home.</u>
	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) Unknown (STATE OR COUNTRY) Denmark

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Ralph W. Markley (ADDRESS) 913 Logan St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE July 26, 1934

19. UNDERTAKER Walter Meinhoffe (ADDRESS) 1302 Aaron St. St. Joseph, Mo.

20. FILED 2-25 1934 John H. Bennett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1934 1934

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1934, to _____, 19____. I last saw h. et. alive on _____, 19____. Death is said to have occurred on the date stated above, at 1.20 A. M.

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

Chronic Myocarditis
920
PBC
Other contributory causes of importance: in face

Name of operation _____ Date of _____
What test confirmed diagnosis? Chol. Hist. Was there an autopsy? 2

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 4
(Signed) Thomas C. Croner, M. D.

(Address) 731

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

AUG 14 1934

24
24
24

