

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.

41  
AUG 20 1934

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

Do not use this space.



**1. PLACE OF DEATH**

County Jackson Registration District No. 402 File No. 25030  
 Township Lincoln Primary Registration District No. 5551B Registered No. \_\_\_\_\_  
 City Oak Grove Mo. St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Peter Madsen

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF \_\_\_\_\_  
 (OR) WIFE OF Anne Marie Madsen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22-1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
87 4 23

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

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 Mads Lawrence

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

15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) John Madsen Oak Grove Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Mo. DATE 7-17 1934

19. UNDERTAKER (ADDRESS) Joseph Oak Grove

20. FILED July 26 1934 Mrs. A. H. Quana Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-8 1934 to 7-14 1934  
 I last saw him alive on 7-74 1934 Death is said to have occurred on the date stated above, at 11:30 A.M.  
 The principal cause of death and related causes of importance were as follows:

Chronic nephritis  
131  
 Other contributory causes of importance:  
131

Date of onset  
Dont know

(Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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 \_\_\_\_\_  
 (Signed) E. P. Madsen, M. D.  
 (Address) Oak Grove

