

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.

13

SEP 11 1934

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

Do not use this space.

1. PLACE OF DEATH
County Caldwell Registration District No. 96
Township Hamilton Primary Registration District No. 40-5-8
City Hammer (No. 3742) St. _____ Ward _____
File No. 28473
Registered No. 14

2. FULL NAME Lois Aletta Jensen
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12, 1915
7. AGE YEARS 20 MONTHS 8 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Braymer, Missouri
13. NAME C. A. Aletta
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Braymer, Missouri
15. MAIDEN NAME Paul Hammett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton, Missouri
17. INFORMANT (ADDRESS) Ralph A. Jensen
18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE Aug 4, 1934
19. UNDERTAKER (ADDRESS) Mattie L. Hammett
20. FILED Aug 4, 1934 Merle Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2, 1934
22. I HEREBY CERTIFY, That I attended deceased from July 29, 1934 to Aug. 2, 1934
I last saw him alive on Aug. 21, 1934 Death is said to have occurred on the date stated above, at 12:05 a.m.
The principal cause of death and related causes of importance were as follows:
115A
Septicaemia following
Septic sore throat.
Other contributory causes of importance:
115a!
Date of onset _____
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) J. M. Deery _____, M. D.
(Address) Hamilton, Mo.

