

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.

DEC 2 1934

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

Do not use this space.

40276

1. PLACE OF DEATH

County Perry
Township Polk Buile
City..... (No.....) St..... Ward.....

Registration District No. 1128
Primary Registration District No. 5879A

File No.....
Registered No.....

2. FULL NAME Margaret Christensen

(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 <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>Anton Christensen</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 31 - 1850</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>83</u>	<u>10</u>	<u>6</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>			
	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) Perry Co mo

MOTHER FATHER 13. NAME Peter Pochner

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Germany

15. MAIDEN NAME Donna Sauter

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Germany

17. INFORMANT Louis Christensen
(ADDRESS) Perryville mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Home Care Perryville Nov 8 DATE 1934

19. UNDERTAKER Young & Fenwick
(ADDRESS) Perryville mo.

20. FILED 11-10-34 Eduro Elder
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Nov 6, 1934.
I last saw her alive on Nov 6, 1934. Death is said to have occurred on the date stated above, at 9:20 P.M.

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

"Dryness" (cardiac)
chronic endocarditis
Date of onset Jan 1, 1934
Other contributory causes of importance: 950

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Eduro Elder, M. D.

(Address) Perryville, Mo.

