

MAY 20 1935

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

Do not use this space.

11845

## 1. PLACE OF DEATH

County AndramRegistration District No. 26

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 3002Registered No. 67City Mexico Mo. (No. Andram, Hospital \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. Vandalia Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 1/2 yrs. - mos. 8 ds.

How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Carrie Olsen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Apr. 9, 1859

7. AGE

YEARS

76

MONTHS

0

DAYS

21

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

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

Farmer

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)

Horsens Denmark

13. NAME

Christian Torben Christensen

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

Denmark

15. MAIDEN NAME

Knudsen

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

17. INFORMANT (ADDRESS)

Mrs. Abbie L. Kelly

18. BURIAL, CREMATION, OR REMOVAL PLACE

Vandalia Mo. May 2 1935

19. UNDERTAKER (ADDRESS)

W. J. Water Vandalia

20. FILED

May-1-1935 Blanche Neely

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 193522. I HEREBY CERTIFY, That I attended deceased from April 23, 1935, to April 30, 1935I last saw him alive on April 30, 1935. Death is said to have occurred on the date stated above, at 7:55 p.m.

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

Chronic Nephritis, interstitial (Cause undetermined) Date of onset 12

Other contributory causes of importance:

Chronic MyocarditisName of operation none Date of \_\_\_\_\_What test confirmed diagnosis? Lab. Phys. Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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. no

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) McCrashar, M. D.(Address) Mexico, Mo.

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.

