

JUN 20 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

19333

1. PLACE OF DEATH

County St. Louis
 Township Washington
 City St. Louis (No. 5)

Registration District No. 258
 Primary Registration District No. 0960A

File No. 5
 Registered No. 5
 St. St. Louis Ward 5

2. FULL NAME

Jane E. Christensen
 (a) Residence, No. 5 St. St. Louis Ward 5
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2 1860

7. AGE YEARS 74 MONTHS 7 DAYS 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
 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) Clinton Co Mo13. NAME William Hawkins14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England15. MAIDEN NAME Susan Webb16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill17. INFORMANT Mary Jackson (ADDRESS) 106 Speights St St Joseph18. BURIAL, CREMATION, OR REMOVAL PLACE M. Lee Cemetery DATE June 5 193519. UNDERTAKER J. E. Jones (ADDRESS) St. Louis20. FILED June 5 1935 - Mrs C A Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-3- 193522. I HEREBY CERTIFY, That I attended deceased from 6-3- 1935, to 6-3- 1935I last saw him alive on 6/3 1935. Death is saidto have occurred on the date stated above, at 8 P. M.

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

Hemiplegia Left
 Date of onset

Other contributory causes of importance:

Name of operation Asaph Date of 6-3-35What test confirmed diagnosis? Clinical 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 6-3-35Where did injury occur? St. Louis (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury AsaphNature of injury Asaph24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify Asaph(Signed) O. L. Perkins, M. D.(Address) Clarkdale 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.

