

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.

SEP 23 1935

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

Do not use this space.

27000

1. PLACE OF DEATH

County *Madison*  
Township *St. Michaels*  
City *Fredericktown*

Registration District No. *538 3028*  
Primary Registration District No. *5723*

File No. \_\_\_\_\_  
Registered No. *66*  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME

*Milton Floyd 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *6/13/1911*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*24 2 11*

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

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) *St. Louis Missouri*

13. NAME *Lester Christensen*

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

15. MAIDEN NAME *Ida Smith*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Evansville Illinois*

17. INFORMANT (ADDRESS) *Paul Christensen*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Louis Mo* DATE *Aug 25 1935*

19. UNDERTAKER (ADDRESS) *Shoab-Casual Care Co. of St. Louis Mo*

20. FILED *Aug 26 1935* *S. G. S. Gaugher Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 24 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 24 1935* to *Aug 24 1935*  
I last saw *and not a patient* Death is said to have occurred on the date stated above, at *9:00* m.  
The principal cause of death and related causes of importance were as follows:

*Accidental auto crash into road guard rail*  
*Fractured Skull near base*

Other contributory causes of importance: *PM*

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 *Aug 24 1935*  
Where did injury occur? *1 1/4 Mi South of Fredericktown Mo* (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place, *on highway 67*  
Manner of injury *slung from car when it struck guard rail*  
Nature of injury *fractured skull*

24. Was disease or injury in any way related to occupation of deceased? *No*  
If so, specify \_\_\_\_\_  
(Signed) *W. Harry Borron* M. D.  
(Address) *Fredericktown Coronation Co Mo*

*By C. A. Schwaner.*

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