

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.

OCT 2 2 1935

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

Do not use this space.

29603

1. PLACE OF DEATH
 County Jackson Registration District No. 33
 Township Kaw Primary Registration District No. 13
 City Kansas City (No. 717 West 36th Street) St. 33rd Ward 3

2. FULL NAME Mrs. Lena Paulsen
 (a) Residence, No. 717 West 36th Street Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S., if of foreign birth? 58 yrs. mos. da.

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 Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 6 16

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. At Home
 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) Denmark

FATHER
 13. NAME Don't Know
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

MOTHER
 15. MAIDEN NAME Don't Know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

17. INFORMANT Albert F. Paulsen
 (ADDRESS) 717 West 36th Street

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Omaha, Nebraska DATE Sept 17 1935

19. UNDERTAKER Freeman Mortuary & Chapel
 (ADDRESS) Kansas City, Missouri

20. FILED Sept 17 1935 m.m. Cronin
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1932, to Sept 17, 1935
 I last saw h. or w. alive on Sept 15, 1935. Death is said to have occurred on the date stated above, at 5:45 A. M.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
131
 Other contributory causes of importance:
Chronic Interstitial Nephritis
Senility

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? no
 If so, specify.....
 (Signed) Robert Vanorden, M. D.
 (Address) 713 Medical Bldg

Date of onset 2 years or less
2 years

Mr. Herbert W. ...
with ...
no 6767

11:30 - 4 P.M.
713