

AUG 18 1936

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

Do not use this space.

25939

1. PLACE OF DEATH

County Clay Registration District No. 198
Township Fishing River Primary Registration District No. 32.11
City Excelsior Springs, Mo. St. 3d Ward)

2. FULL NAME

NISSEN, John
Veterans Administration Facility
(a) Residence, No. _____ Ward. Fairfax, Mo.
(Usual place of abode) Excelsior Springs, Mo. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 26 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) WIDOWED Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
45 3 11

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fargo, Nebr.13. NAME Fred Nissen (deceased)14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Louise Nissen (deceased)16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Hospital Records
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Fairfax, Mo. DATE 7-19-3619. UNDERTAKER John C. Prather
(ADDRESS) Excelsior Springs, Missouri20. FILED 7-19-36 36 Mrs. Rea M. Crasby
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1936 1922. I HEREBY CERTIFY, That I attended deceased from June 23, 1936 19 to July 19, 1936 19

I last saw him alive on July 19, 1936 19. Death is said to have occurred on the date stated above, at 5:40m. A.M.
The principal cause of death and related causes of importance were as follows:

Mitral stenosis with decompensationOther contributory causes of importance: 970Myocarditis, chronic

Name of operation None Date of _____
What test confirmed diagnosis? Exam & Obs Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury 7-19

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) Joseph Daurakis MD, Act. Clin. DM, D.
(Address) Veterans Administration Facility
Excelsior Springs, Missouri

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.

