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 3 1936

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

Do not use this space.

27762-1

1. PLACE OF DEATH
County St. Clair
Township Dissoll
City Osceola
Registration District No. 1005
Primary Registration District No. 6009
File No.
Registered No.
(No. , St. Ward)

2. FULL NAME Margette Lorentzen
(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 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. C. Lorentzen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11-1849
7. AGE YEARS 86 MONTHS 11 DAYS 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
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) Denmark

FATHER
13. NAME Iver Tonneson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT H. Lorentzen
(ADDRESS) Vista Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Osceola DATE 7/7 1936

19. UNDERTAKER O'Shull
(ADDRESS) Osceola Mo

20. FILED 8/20 19 J. T. Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 — 6 — , 1936

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1936, to July 8, 1936
I last saw her alive on July 15, 1936. Death is said to have occurred on the date stated above, at 40 m.
The principal cause of death and related causes of importance were as follows:

Impacted bowel Chronic Nephritis Old age

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Date of onset

Other contributory causes of importance:

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?
If so, specify
(Signed) E. W. Suchman, M. D.
(Address) Osceola Mo