

JUN 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Pike Registration District No. 689
Township [scribble] Primary Registration District No. 3033
City Harrison (No. Pike Co. Hospital) St. _____ (Ward) _____

File No. 21019

Registered No. _____ St. _____ (Ward) _____

2. FULL NAME

(a) Residence, No. Salina, Mo 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 W 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) 5-27-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 0

OCCUPATION 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. _____
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) Harrison Mo

MOTHER FATHER 13. NAME Walter Thomas Jensen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salina Mo

MOTHER 15. MAIDEN NAME Ruth Eliza Wheeler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co, Tex

17. INFORMANT W T Jensen Mo (ADDRESS) Salina Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Salina Mo DATE 5/28 37

19. UNDERTAKER Goach Bros Mo (ADDRESS) Salina Mo

20. FILED 5/27 1937 J. H. Kelly Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/27 37

22. I HEREBY CERTIFY, That I attended deceased from 5-27-37, 19____, to 5-27-37, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Strangulation in utero

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) [Signature] (Address) _____

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.

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