

REC'D SEP 28 1938

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

Do not use this space.

29771

1. PLACE OF DEATH

County Platte
Township Pettis
City (No. St. Ward)

Registration District No. 695
Primary Registration District No. 59229

File No.
Registered No.

2. FULL NAME

Margherita Friederika Wilhelmine Nielsen

(a) Residence, No. Parkville 9FD St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 7-21, 1938 to Aug 9, 1938

I last saw her alive on 7-21, 1938 Death is said to have occurred on the date stated above, at 10a. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-10-1840

7. AGE 97 YEARS 7 MONTHS 30 DAYS If LESS than 1 day of hrs. or min.

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

Arterio Sclerosis

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) Germany

13. NAME August Wunderlich

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamburg

15. MAIDEN NAME Friederika Schaffer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamburg

17. INFORMANT Maud E. Nielsen (ADDRESS) Parkville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Parkville Mo DATE Aug 11 1938

19. UNDERTAKER Palmer (ADDRESS) Parkville Mo

20. FILED 7-16 1938 S. P. F. Registrar.

Other contributory causes of importance:

Yalvalar heart disease

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

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) S. P. Fisher M. D.

(Address) Parkville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

