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

Do not use this space.

40514

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township ~~Blue~~ — Primary Registration District No. 3019 — Registered No. 451
City Independence (No. ..... St. ..... Ward)

2. FULL NAME Rosa Agusta Christenson
(a) Residence. No. 720 West South side ave.
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. Christenson Husband

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July-10-1887.

7. AGE Years 42. Months 5. Days 18. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Monrow Co.
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Jacob E. Swegart
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Monrow Co
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Carrie Kummer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Belmont Co.
(STATE OR COUNTRY) Ohio

14. INFORMANT George Christenson
(Address) 720 W South side ave

15. FILED 12-30 1929 F L Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/28 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1929, to Dec 27, 1929, that I last saw her alive on Dec 27 1929, and that death occurred, on the date stated above, at 5 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock Caused by Abortion
141 (accidental)
144B
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Hemmorrhage Accidental Abortion
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 1430
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) E. Kimmings, M. D.
12/29 1929 (Address) Independence Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mound Grove Cem — DATE OF BURIAL Dec 30 1929.

20. UNDERTAKER C. D. Carson & Son — ADDRESS Indep. Mo.

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

30 1930