

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.

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

Do not use this space.

30087

1. PLACE OF DEATH

County Laclede
Township Osage
City Osage

Registration District No. 449
Primary Registration District No. 5618

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Trina Christen

(a) Residence, No. Oakland, Mo. St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF John Christen (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-8 1859

7. AGE YEARS 73 MONTHS 11 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Haverpost (STATE OR COUNTRY) Canada

FATHER
13. NAME Carl Friedrich

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

MOTHER
15. MAIDEN NAME Trina Bleas

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

17. INFORMANT Jess Anna H. Bracher (ADDRESS) Haverpost, Ia 915-2081

18. BURIAL, CREMATION, OR REMOVAL Buried PLACE Osage DATE 9/29/33

19. UNDERTAKER Hofman & Stewart (ADDRESS) Osage, Mo

20. FILED 10/2/33 1933 J. A. McCoub Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1933 to Sept 28 1933
I last saw her alive on Sept 27 1933 Death is said to have occurred on the date stated above, at 9:30 p.m.

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

Diabetes Mellitus

Other contributory causes of importance:
59
988
Gangrene foot

23. Name of operation _____ Date of _____
What test confirmed diagnosis? urine 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) H. A. Hamilton M. D.
(Address) Osage, Mo.

