

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

Do not use this space.

AUG 14 1936

1. PLACE OF DEATH

County Washington Registration District No. 37
Township 1st Primary Registration District No. 6241
City Washington (No. 1) St. Washington Ward 1

File No. 21917-1
Registered No. _____
St. _____ Ward _____

2. FULL NAME

John Senior Jensen
(a) Residence, No. Washington 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18 1848

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker
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) South Carolina

FATHER 13. NAME Jensen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.C.

MOTHER 15. MAIDEN NAME D.C.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.C.

17. INFORMANT H. M. Koryan (ADDRESS) Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora DATE 6/28/36

19. UNDERTAKER Thomas C. Cullen (ADDRESS) Washington D.C.

20. FILED 8/10 1936 J. W. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1936 to June 23 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11 1936 to June 23 1936. I last saw him alive on June 23 1936. Death is said to have occurred on the date stated above, at 11:20 a.m.

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

Chronic interstitial nephritis.
Other contributory causes of importance: Old age.

Name of operation _____ Date of _____
What test confirmed diagnosis? Path. Was there an autopsy? _____

23. If death was due to external cause (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) Dr. J. M. R. Brown D.O.
(Address) Seligman Mo

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S-21917-1

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/10/2001 BY 60322 UCBAW/STP