

MACHIN REPRODUCED FOR BUREAU. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IF A CASE IS DEAD AT BIRTH, OR IF THE CHILD DIES AT AN EARLY AGE, THE BIRTH RECORD SHOULD BE FILED IN THE DEPARTMENT OF HEALTH. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

10 FOLMER JENSEN EXP

1. PLACE OF DEATH County of <u>Cook</u> Registration City <u>Chicago</u> "Village" "Township" "Primary Road Dist." "Dist. No." 3104 27-277 3104		STATE OF ILLINOIS ORIGINAL HENRY HORNER, Governor Department of Public Health—Division of Vital Statistics CERTIFICATE OF DEATH Registered No. <u>251</u> Cook County	
Street and Number, No. _____ St. _____ Ward _____ (If death occurred in a hospital or institution, give the NAME instead of street and number.)		LENGTH OF TIME AT PLACE WHERE DEATH OCCURRED? yrs. _____ mos. <u>5</u> da.	
2. PLACE OF RESIDENCE: STATE <u>Illinois</u> County <u>Chicago</u> Township _____ Road Dist. _____ City or Village <u>Chicago</u> Street and Number <u>1430 N Kedzie Ave</u>		III. LIST NO. <u>30 E</u>	
3 (a) FULL NAME <u>Folmer Jensen</u> (Print or type)		MEDICAL CERTIFICATE OF DEATH	
3 (b) If veteran, <u>no</u> name war _____ 3 (c) Social Security No. <u>325-07-5284</u>		20. Date of death: Month <u>March</u> day <u>24</u> year <u>1940</u> hour <u>5</u> minutes <u>10 pm</u>	
4. Sex <u>Male</u> Race <u>White</u> 5. Color or race <u>White</u> 6. (a) Single, widowed, married, divorced <u>Married</u>		21. I hereby certify that I attended the deceased from <u>March 19, 1940, to March 24, 1940;</u> that I last saw him <u>alive</u> on <u>March 24, 1940;</u> and that death occurred on the date and hour stated above.	
6 (b) Name of husband or wife <u>Astrid</u> 6 (c) Age of husband or wife if alive <u>39</u> years		Duration <u>5 hrs</u>	
7. Birth date of deceased <u>June 4, 1893</u> (Month) (Day) (Year)		Immediate cause of death <u>Suppurative heart disease</u>	
8. AGE: Years <u>57</u> Months <u>2</u> Days <u>20</u> If less than one day hr. _____ min. _____		Due to _____	
9. Birthplace <u>Selkirk, Saskatchewan</u> (City, town, or county) (State or foreign country)		Due to _____	
10. Usual occupation <u>Millwright</u>		Other conditions (Include pregnancy within 3 months of death)	
11. Industry or business <u>Ironman Co</u>		{ Was an operation performed? <u>no</u> Date of _____	
FATHER 12. Name <u>Nils Godebjas</u>		{ For what disease or injury? _____	
12. Birthplace <u>Selkirk, Saskatchewan</u> (City, town, or county) (State or foreign country)		Was there an autopsy? <u>no</u>	
MOTHER 14. Maiden name <u>Wahman</u>		Findings? <u>→</u>	
15. Birthplace <u>Selkirk, Saskatchewan</u> (City, town, or county) (State or foreign country)		23. If a communicable disease; where contracted? <u>→</u>	
16. INFORMANT <u>Hospital Record</u> (personal signature with pen and ink)		Was disease in any way related to occupation of deceased? <u>→</u>	
P. O. Address <u>Wabasha</u>		If so, specify how: <u>P.O. Lind</u> M. D.	
17. PLACE OF BURIAL (a) Cemetery <u>Acacia Park, March 27, 1940</u> Location <u>Norwood Park</u> (Township, Road Dist., Village or City)		24. (Signed) <u>Paul County Hosp</u> M. D. Date <u>March 24, 1940</u> Telephone <u>Selkirk, Sask</u>	
County <u>Cook</u> State <u>Illinois</u>		*N. B.—State the disease causing death. All cases of death from "violence, casualty, or any undue means" must be referred to the coroner. See Section 19 Coroner's Act.	
18. (Personal signature with pen and ink) <u>Eric P. Nelson</u> (Print name, if any)		25. Filed <u>MA 5200</u> <u>Stegmann & Sundstrom</u> Registrar.	
ADDRESS <u>330 1/2 Fullerton Ave</u>		P. O. Address _____	

DR R.O. LEAVITT

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