

STANDARD CERTIFICATE OF DEATH

State Department
Division of Vital
STATISTICS
STATE OF IOWA

1. PLACE OF DEATH

County Luthrie State: IOWA Registered No. 1
Township Valley or Village _____
City Luthrie Co Home No. _____ St. _____
(If death occurred in a hospital or institution give its name instead of street and number)

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.

2. FULL NAME Cora Alice Densen

(a) Residence. No. Co Home St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

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 John L Densen
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) April 7-1865

7. AGE Years 67 Months 6 Days 18
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) Ohio
(State or country)

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) Dont Know
(State or country)

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) Dont Know
(State or country)

17. INFORMANT Ray Ford
(Address) Luthrie Center

18. BURIAL, CREMATION, OR REMOVAL
Place Luthrie Ceme Date Jan 25, 1933

19. LICENSED EMBALMER W. J. Hughes No. 1273
(Address) Luthrie Center

20. FILED 1/26, 1933 W. J. Hughes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 24

22. I HEREBY CERTIFY, That I attended deceased from Sept, 12, 1932 19 to Jan, 24, 1933

I last saw her alive on Jan, 20, 1933, 19 , de
to have occurred on the date stated above, at 4 P m.

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

Cancer of Stomach and Omentum

Contributory causes of importance not related to principal cause: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an auto? _____

23. If death was due to external causes (violence) fill in also the Accident, suicide, or homicide? _____ Date of injury _____

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) H. S. Hughes

(Address) Luthrie Center, Ia.

(OVER)