

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

Do not use this space.

1141 ✓

1. PLACE OF DEATH

48 County Jackson
Township Blair
City Independence Mo.

Registration District No. 398
Primary Registration District No. 3019

File No. _____
Registered No. 35
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Hilda Henrietta E. Klumud St. _____ Ward _____
(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 20 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 9 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Stockholm
(STATE OR COUNTRY) Sweden 24

PARENTS

10. NAME OF FATHER John E. E. Klumud
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Stockholm
(STATE OR COUNTRY) Sweden
12. MAIDEN NAME OF MOTHER Greta Stenja Jansson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Uppsala
(STATE OR COUNTRY) Sweden

14. INFORMANT Hansela A. Jansson
(Address) 127 1/2 No. Park

15. FILED 1-23 1931 Fd Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1931, to Jan 21, 1931 that I last saw her alive on Jan 21, 1931, and that death occurred, on the date stated above, at 12:45 pm.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Lobar Pneumonia

128 (duration) _____ yrs. _____ mos. 4 ds.

CONTRIBUTORY (SECONDARY) 128 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) Chas. Branne, M. D.
1/21 1931 (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 1-22 1931

20. UNDERTAKER George E. Carson ADDRESS Independence Mo

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.

FEB 23 1931

