

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.

4762

1. PLACE OF DEATH
 14 County Callaway Registration District No. 104
 3 Township Fulton Primary Registration District No. 3008
 7 City Fulton (No. 4) St. _____ Ward _____

2. FULL NAME Mrs Louise Danielson
 (a) Residence No. _____ 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.

File No. _____
 Registered No. 49

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) No information

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No information

6. DATE OF BIRTH (MONTH, DAY AND YEAR) No information

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 + + +

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden 2.4

PARENTS
 10. NAME OF FATHER No information
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No information
 12. MAIDEN NAME OF MOTHER No information
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No information

14. INFORMANT State Hospital Records
 (Address) Fulton Mo

15. Feb 23, 1931 R. M. Crews
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Nov. 10 - 1930 to July 21 - 1931 that I last saw her alive on July 21 - 1931 and that death occurred, on the date stated above, at 12:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
22A
03E

(duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY Pulmonary Tuberculosis
 (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) J. R. Frazee M. D.
121, 1931 (Address) Fulton State Hospital

*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 DATE OF BURIAL
Kirksvill Mo 2 R 19

20. UNDERTAKER ADDRESS
Hempson Taylor Fulton Mo

1770