

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

Do not use this space.

SEP 18 1934

28961

1. PLACE OF DEATH

County.....

Township.....

City.....

Registration District No. *318*

Primary Registration District No. *2001*

File No. *H14*

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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)

Widow

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

March 2 - 1858

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

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, hrs. or min.

79

5

12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

House Work

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)

Sweden

MOTHER FATHER

13. NAME

Unknown

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

Sweden

15. MAIDEN NAME

Unknown

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

Sweden

17. INFORMANT (ADDRESS)

Victor Westland, Jr., Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Osage City, Mo.

DATE

Aug 15, 1934

19. UNDERTAKER (ADDRESS)

W. H. Ingles, & Co., Springfield, Mo.

20. FILED

Aug 14, 1934

Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *August 14, 1934*

22. I HEREBY CERTIFY, That I attended deceased from

July 15, 1934, to Aug 14, 1934

I last saw her alive on *Aug 12, 1934* Death is said

to have occurred on the date stated above, at *59* a.m.

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

Arteriosclerosis of Cardio renal system

Date of onset

not known

Other contributory causes of importance:

Name of operation *none* Date of

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:

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? *no*

If so, specify

(Signed) *W. H. Ingles, M. D.*

(Address) *Springfield, 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.

