

JCT 4

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

Do not use this space.

26358

## 1. PLACE OF DEATH

County Wright Registration District No. 907 File No. \_\_\_\_\_  
Township Pleasant Valley Primary Registration District No. 6220 Registered No. 135  
City Mansfield (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Rates P Lund  
(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. 10 mos. \_\_\_\_\_ da. How long in U.S., if of foreign birth? 60 yrs. mos. \_\_\_\_\_ da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 20, 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
66 8 8

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Denmark  
(STATE OR COUNTRY)

10. NAME OF FATHER X Lund

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Denmark  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Helen Christina

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Denmark  
(STATE OR COUNTRY)

14. INFORMANT E. A. Lund  
(Address) Mansfield, Mo.

15. FILED 8/29, 1927 J. A. Stinson  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 28 1927

17. I HEREBY CERTIFY, That I attended deceased from Mar 9, 1927, to Aug 28, 1927 that I last saw her alive on Aug 21, 1927, and that death occurred, on the date stated above, at 9 A.M. m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Nephritis with  
renal sclerosis

131  
71 several years  
(duration) yrs. mos. da.

100  
CONTRIBUTORY old age Parasites  
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 129A  
NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? Rhyard Hamel  
(Signed) J. A. Stinson, M. D.

Aug 29, 1927 (Address) Mansfield

\*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 Mansfield Cemetery DATE OF BURIAL 8/29 1927

20. UNDERTAKER F. A. Steff ADDRESS Mansfield

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be given EXACTLY. AGE should be given EXACTLY. Exact statement of OCCUPATION is very important.

