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

Do not use this space.

13379

File No. 2 1 1 1

Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Raw
City: Kansas City Mo (No. Research Hos ... St. ... Ward)
Registration District No. 389
Primary Registration District No. 1 0 9 1

2. FULL NAME: Hans Lund
(a) Residence. No. 657 Summit St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Johanna K. D. Lund

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 28 1845

7. AGE: Years 82 | Months | Days 18 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Banker
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: Lund
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Denmark
12. MAIDEN NAME OF MOTHER: not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Denmark

14. INFORMANT: Hugo Lund
(Address): 1657 Summit St

15. FILED 4-16, 1928 M. M. Crouse asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 16 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1928 that I last saw him alive on Apr 15, 1928, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cirrhosis
Chr. Inter. nephritis
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
Acute Gangrene
(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) David B. Robinson M.D.
4-16-, 1928 (Address) 608 Bryant Bldg

*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: Elmwood Cemetery | DATE OF BURIAL: April 20 1928

20. UNDERTAKER: John W. Wagner | ADDRESS: 1409 Grand Ave

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.

[illegible]

[illegible]

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