

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

Do not use this space.

21521

657

1. PLACE OF DEATH

County Pettis

Registration District No. 695

Township Parkville

Primary Registration District No. 4417

City Parkville (No.)

File No.

Registered No. 12

2. FULL NAME

Johanna K. Christman Carlson Lstrom

(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 40 yrs. mos. da.

How long in U.S., if of foreign birth? 47 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

Andrew Lstrom

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

June 11 - 1851

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>77</u>	<u>0</u>	<u>15</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Göteryd Sweden

(STATE OR COUNTRY)

10. NAME OF FATHER

Carl Isaacson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Göteryd Sweden

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Anna Abrahamson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Göteryd Sweden

(STATE OR COUNTRY)

14.

INFORMANT Andrew Lstrom
(Address) Parkville

15.

FILED 6/29 1928 J. Hill
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20 1928

17. I HEREBY CERTIFY That I attended deceased from June 20 1928 to June 20 1928 that I last saw her alive on June 20 1928, and that death occurred, on the date stated above, at 8:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dilatation of Heart
9th D (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Chill, Censor, undetermined

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

18. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. Hill, M. D.

*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

Walnut Grove

DATE OF BURIAL

6-29-28

20. UNDERTAKER

Harvey Roland Parkville

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.

RECORD

