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

Do not use this space.

692

1. PLACE OF DEATH

County of Clay — Registration District No. 198 — File No.

Township Fishing River — Primary Registration District No. 3011 — Registered No. 8

City Excelsior Springs, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Carl J. Lindahl

(a) Residence (Usual place of abode) U.S.V. Hospital, Excelsior Springs, Mo. Ward. Lincoln, Nebraska. (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 1 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2, 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
31	31	9	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work laborer
(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) Iowa.

PARENTS

10. NAME OF FATHER Charles Lindahl
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Sweden
12. MAIDEN NAME OF MOTHER Hannah Swanson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Sweden

14. INFORMANT deceased. (Address)

15. FILED 1-8, 1929 Y.D. Craven REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 8, 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1928, 19..., to Jan. 8, 1929 that I last saw him alive on Jan. 8, 1928 and that death occurred, on the date stated above, at 12:55 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis, chr. interstitial.

131

102

1290 (duration) unknown mos. ds.

CONTRIBUTORY (SECONDARY) Arterial Hypertension (duration) unknown mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical and laboratory findings.

(Signed) H.D. Luse, M.D.
H.D. Luse, Med. Off. in Chg.
Jan. 8, 1929 U.S.V. Hospital, Ex Springs, Mo.

*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: Lincoln Neb — DATE OF BURIAL: Jan 10 1929

20. UNDERTAKER: John C. Prather, Excelsior Springs, Mo. — ADDRESS

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.

1920

24

2

4

23

2

24

24

Lincoln Hall